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ABSTRACT

This final report describes a project to revise a 60-hour postsecondary course for activity coordinators in long-term care facilities in Iowa, to train instructors to teach the curriculum, and to evaluate that training. Introductory material includes the following: a summary sheet on how course competencies were identified, how the materials were revised, for whom the materials are intended, evaluation findings concerning their use, the impact of the materials, and recommendations for the future; and a sample teacher training program for activity coordinators evaluation form. Next come the objectives, agenda, and evaluation of an instructor training workshop. The rest of the document consists of the course training materials. A course summary sheet includes a course description, description of competency development, list of instructional methods used in the course, and evaluation description. The competencies taught in the course are listed. A matrix lists the objectives, content, and instructional methods and/or activities used to teach each of four units of instruction: (1) an orientation to the course and the duties of an activity coordinator; (2) management skills; (3) the characteristics of residents in long-term care facilities; and (4) a program of activities that could be carried out by a coordinator. The materials conclude with sheets that tell the instructor the objectives for every instructional activity prescribed on the matrix and directions for carrying them out. (CML)

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Activity Number: FCS-91-03-07

Activity Title: Activity Coordinator Curriculum Project

B. Final Report

1. Objectives

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1. Organize a state advisory committee composed of incumbent workers, employers, state association representatives and state agencies to determine competencies for activity coordinator.
2. Work with the state advisory committee to clarify and validate the competencies and use these competencies to review/revise the current activity coordinator curriculum and handbook.
3. When completed, submit the curriculum to the Department of Inspections and Appeals for approval.
4. Upon approval conduct a state workshop to disseminate materials and prepare teachers for implementation of curricula.

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2. Procedures for Implementation

1. Advisory committee was organized and appropriate organizations, etc. included. (Membership list attached)
2. Competencies were reviewed and revised. The former curricula was used and employers updated list. (See curriculum)
3. Competencies were used to revise curricula and make recommendations regarding length.
4. Committee met and reviewed/revised/approved curricula.
5. Workshop conducted on June 20 to disseminate materials and train teachers.

3. Audience Served

The curriculum has been disseminated to the area community colleges to be used in preparing activity coordinators for long term care facilities. There were 15 teachers who attended the teacher workshop. All were females. The majority of the activity coordinator students will be female; however the residents in long term care who will directly benefit from the skills acquired by students will be approximately 40% male.

4. Special Activities

1. Revision of the Activity Coordinator Course. (Copies Attached).
2. Workshop to disseminate materials and train teachers to use the curriculum. (Program including workshop objectives attached)

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5. Activities for Educational Equity

All programs/courses offered at the community college are nonsexist, multicultural. Special emphasis was made in the curricula to include activity needs of male/female and traditions of other cultural areas. The needs of all persons regardless of sex, race or culture are integrated throughout the curriculum so activity coordinators will utilize these principles in planning activity programs.

6. Evaluation of the Project

Throughout the finalization of competencies and the revision of the curricula the advisory committee provided ongoing evaluation. Upon completion of project, prior to teacher workshop, the committee reviewed the final product, assessed it and made final recommendations. The teachers at the workshop evaluated the curricula and the workshop.

7. Evaluation Findings

The participants in the teacher workshop ranked the attainment of workshop objectives 4+ on a 5. scale. Although they felt the workshop should have been longer they felt it was very worthwhile and should be required of all activity coordinator instructors. (Summary Attached).

8. Benefits/Impact

The activity coordinator curricula is a short term preparatory program (60 hrs) required of all persons who work as activity coordinators in long term care facilities. The revision of the curricula is related to:

1) The well being of residents in nursing facilities is improved with quality training of the personnel who provide the services. The activity coordinator is an important health care provider in the facilities.
2) The competencies are much better defined as a result of this project. The clarity assists students and employers to better understand competencies upon entry in the field.
3) Major changes have been made in the training and delivery of care in long term care facilities as a result of OBRA 1987 Nursing Home regulations. The revised curricula reflect these changes and assist nursing facilities in Iowa to stay in compliance with new requirements.
4) The persons who teach the activity coordinator course now have better materials to assist in the training, they have more insight into selection of appropriate strategies for teaching the course and more knowledge regarding writing of test items to measure student progress.

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9. Future Recommendations

Continuous evaluation of course to determine strengths and weakness and to provide information for reassessment and revisions for course.

ACTIVITY COORDINATOR TEACHER TRAINING PROGRAM

June 20, 1991

Des Moines Area Community College

Objectives:

Upon completion of the program, participants should be able to:

1. Describe the curricula changes made in the activity coordinator orientation program.
2. Select appropriate teaching techniques to assist learners in achieving objectives of program.
3. Write appropriate test questions to measure the learners progress/achievement.
4. List and explain the assessment/documentation requirements in OBRA.
5. Discuss the criteria that will be used by the Department of Inspections and Appeals to evaluate activity programs.

Workshop Schedule

9:00 A.	Introductions - Overview of the Workshops - Joyce Brandt
9:15 A.	Inspection and Appeals Surveys - Barbara Douglas
10:00 A.	Revision made in the curriculum - Sue Newall with assistance from Committee members present.
10:30 A.	Break
10:45 A.	Assessment/Documentation requirements of OBRA - Sue Newall
11:45 A.	Lunch
12:30 P.	How to use the Behavioral Objectives - Selecting Appropriate Teaching Methods to Enhance Learning - Jane Muhl
1:45 P.	Break
2:00 P.	Planning the test and selecting appropriate items to evaluate Achievement - Joyce Brandt
3:00 P.	Small Group Activity to review/revise/develop test items
4:15	Wrap up and Adjournment

EVALUATION OF TEACHER TRAINING PROGRAM FOR ACTIVITY COORDINATORS
PROGRAM IN HEALTH OCCUPATIONS EDUCATION

Please assess the extend to which you felt the workshop faculty meet the objectives of the workshop. Circle the number that represents your feelings how well you feel you can now achieve the objective.

5 - Strongly Agree
4 - Agree
3 - Undecided
2 - Disagree
1 - Strongly Disagree

						Avg.
Describe the curricula changes made in the activity coordinator orientation program.	5	4	3	2	1	4.43
Select appropriate teaching techniques to assist learners in achieving objectives of program.	5	4	3	2	1	4.43
Write appropriate test questions to measure the learners progress/achievement.	5	4	3	2	1	4.23
List and explain the assessment/documentation requirements in OBRA.	5	4	3	2	1	3.75
Discuss the criteria that will be used by the Department of Inspections and Appeals to evaluate activity programs.	5	4	3	2	1	4.08

What do you feel was the most important competency you received from attending this workshop?

What was included in the workshop that was not needed?

What are your suggestions for improving the workshop?

Do you feel the workshop should be required for all persons who teach the course?

If you have other suggestions or comments regarding the curricula/workshop, please turn the page and write it on the back.

What do you feel was the most important competency you received from attending this workshop?

- To write quiz and lecture
- All important
- Writing of test questions
- All of it was new to me so it was all helpful
- Test questions
- New material
- State and Federal regulations
- The textbook in general and how to utilize it
- Test writing
- Meeting you lovely people

What was included in the workshop that was not needed?

- Nothing
- N/A
- DIA possibly
- Too much time on test questions
- Nothing
- Time spent on the documentation
- Everything was wonderful

What are your suggestions for improving the workshop?

- More info needed on documentation--OBRA Regulations
- Lengthen
- More details on some of the sections for first time instructors
- More on the actual curriculum, maybe a course outline suggestion, handout suggestions
- Longer amount of time
- Longer on material change
- More time to ask questions on documentation
- Resource lists for areas in which we are not as sure
- Have another on documentation

Do you feel the workshop should be required for all persons who teach the course?

YES - 11
NO - 0

- Strongly encourage

Other comments:

- I question why so many instructors do not work in LTC
- It was very helpful and moved right along

ACTIVITY COORDINATOR ORIENTATION PROGRAM

Project of

Program in Health Occupations Education
The University of Iowa
College of Education

in cooperation with

Iowa Department of Education
Bureau of Technical and Vocational Education

Revisions by:
Susan Newell, T.R.TIPS inc. - Author
Joyce Brandt, Program in Health Occupations - Curriculum Coordinator
State Committee listed in Acknowledgements

Revisions June 1991

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ACKNOWLEDGEMENTS

The second revision of the curriculum and handbook materials were reviewed and revised through the efforts of a state wide committee consisting of activity coordinators, health coordinators in area colleges, health care facility associations and state agency representatives. The revised curriculum is based on competencies identified by the activity coordinators and their employers throughout the state. The committee was provided a list of concerns regarding old curricula and materials that need to be emphasized in the revised curricula. Thanks and appreciation to all of the persons who recognized the need and took the time to assist in the revision of the course and Handbook.

Of great value were the contributions by the Iowa Department of Inspections and Appeals. We greatly appreciate the assistance and consultation they provided.

The revised curriculum and updated Handbook reflect the expertise of the committee who guided the development of the materials. They include:

Donna Esmay

Joanne Buch

Kari Roth

Karen Mueller

Joyce Brandt

Sandra Raggatz

Sharon Houchin

Marlene Johnson

Barbara Douglas

Lypha Fidler

Dorothy VanKooten

Mary Oliver

Avis Davis

A SPECIAL THANKS to SUE NEWELL, author of the revised materials.

Much of the Handbook materials were used in the original Handbook developed by Avis Davis. The use of these materials in the revised Handbook are greatly appreciated. A special thanks to Avis and Iowa Lakes Community College.

Joyce Brandt, Curriculum Coordinator

ACTIVITY COORDINATOR ORIENTATION COURSE

Course Description

This 60 hour course is designed to prepare persons to work as activity coordinators in long term care facilities. The course includes the knowledges and skills necessary to determine facility and resident needs and plan an activity program that will meet these needs. The course has been approved by the Iowa Department of Inspections and Appeals and meets requirements for employment in nursing and residential facilities.

Competencies

A state committee of representatives from associations, activity coordinators, and employers identified competencies they felt persons employed as activity coordinators needed. These competencies were then used to develop this course. The list of competencies can be found on the next page.

Method

Lecture, discussion, reading assignments, role playing along with traditional classroom media are used to assist the learners to master the course objectives. In addition, there are many homework assignments that are completed in the facility setting. These assignments provide the learner opportunities to apply the classroom materials and substitute for a supervised clinical experience.

Evaluation

Quizzes and tests will be given as determined by the local teaching agency. Several homework activities are required for each unit and an overall course project is required for successful completion of the course.

Successful Completion

Upon successful completion the learner will be given a certificate of successful completion which will qualify them to work in the activity department of long term care facilities.

ACTIVITY COORDINATOR ORIENTATION COURSE
COMPETENCIES

Upon successful completion of the course the participant should have the following competencies and be able to demonstrate the ability to do the tasks included in each competency.

Describe the role of the activity program in nursing facilities/hospitals work centers, residential facilities

- Define terms related to employment in activity programs
- State the purpose(s)/goals of the activity program
- List the characteristics of the nursing facilities in which the activity coordinator works
- Describe the typical organizational chart found in facilities in which there are activity programs
- List the qualification of the activity program coordinator--describe job description
- Select competencies that should be performed by activity coordinators

Interpret legal/ethical requirements for the activity coordinators

- Name state/federal agencies that provide guidelines for activity programs
- Follow rules/regulations/policies and procedures developed by facility
- Maintain good working relationship with residents, co-workers and supervisors
- Comply with legal responsibilities
- Maintain ethical behavior while performing as an activity coordinator
- Protect resident rights
- Maintain accurate documentation regarding resident progress, etc.
- Practice safety rules to protect residents and employees

Demonstrate the ability to work with residents with differing needs

- Identify how behavior relates to basic needs
- Describe "normal" needs and adaptations made by elderly
- List the characteristics of persons with disabilities
- Describe procedures the activity coordinator can use to assist the resident with disabilities
- List the characteristics of the resident with mental retardation
- Describe procedures the activity coordinator can use to assist the resident who is mentally retarded
- List the characteristics of the resident who is mentally ill and identify procedures to assist this resident
- Observe residents for any unusual behavioral or physical changes
- Properly report any resident changes
- Assist in the assessment of residents, identify problems, set goals

Provide a therapeutic activity program

- Separate activities into general categories
- State the benefits/purposes/disadvantages of various activity categories
- Match activities to individual and group resident needs/benefits
- Plan a variety of activities - field trips, music programs, exercise programs, craft programs, parties, committees, discussion groups, and mentally stimulating activities

Provide therapeutic activity program - (cont.)

- Describe methods to interest and involve residents in the activity program
- Select residents that require one-to-one activities and describe how the one-to-one will benefit these residents
- Document activity program and resident's response to the program

Demonstrate appropriate management skills

- Develop goals and set priorities for facility activity program
- Develop a monthly activity plan
- Maintain good working relationship with others through effective communication
- Listen to others (residents, co-workers) and use input in planning
- Organize work required and properly delegate when appropriate
- Manage time effectively
- Identify community resources that can be used to broaden an activity program
- Participate in overall nursing care plan meetings and help develop individual resident care plans
- Maintain activity program component records in compliance with policy and requirements

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 1: This unit discusses the general activities program including the purpose of the program and the goals of the related philosophy. The activity coordinator job description is included with an introduction to the types of facilities in which activity coordinators are employed. Legal and ethical responsibilities of the activity coordinator are included.

Approx Class Time 6-8 hours

OBJECTIVE	CONTENT	METHOD
1.0 Discuss the purpose of the course and describe the overall objectives and requirements.	I. Introductions	Get acquainted activity
	A. Instructor	
	B. Students	
	C. Course purposes	
	1. Use of outline/objectives	Handout course outline
	2. Use of Handbook	Handout Handbook
	3. Course projects/homework	Course Project handout 1.1
	4. Course evaluation	
	5. Certificate of successful completion	
1.1 Review the evolution of the activity profession.	II. Overview of the activities profession	Lecture/discussion
	A. Historical background	
	1. Fun and games/diversion	
	2. Therapeutic/rehabilitation--WWII	
1.2 Examine the various types of facilities in which activity coordinators are employed, the guidelines for operation, and characteristics of each type of facility.	B. Agencies and institutions	Lecture/discussion
	1. Ownership	
	a. Public--city, county, state	
	b. Private--corporate, religious	
	1) Profit	
	2) Nonprofit	
	2. Settings	
	a. Community	
	1) Senior centers	
	2) Adult day care	
	b. Clinical	
	1) Acute care--hospitals/swing beds	
	2) Long term care (nursing facilities)	
	a) RCF	
	b) NF/SNF	
	c) MI/MR/physically disabled	
	d) Combinations	

Unit 1: This unit discusses the general activities program including the purpose of the program and the goals of the related philosophy. The activity coordinator job description is included with an introduction to the types of facilities in which activity coordinators are employed. Legal and ethical responsibilities of the activity coordinator are included.
Page 2

OBJECTIVE	CONTENT	METHOD
1.2.1 Discuss the role of regulatory agencies in long term care facilities.	3. Regulatory agencies a. HCFA (OBRA Leg) - Federal regulations and Interpretive Guidelines for Medicare and Medicaid	Lecture/discussion
1.2.1.1 Review federal and state regulations and laws regarding mandatory reporting of dependent adult abuse.	1) Res. Rts. (F150-153, 156-157, 161, 163, 171-176, 177, 181-184, 187, 189, 190) 2) Res. Abuse (F205-210) 3) Quality of Life/Dignity (F211-212) 4) Self Determination and Participation (F213-215) 5) Participation in Res/Family Groups (F216-221) 6) Participation in Other Activities (F222)	Handout - Resident's Bill of Rights
	7) Accommodation of Needs (F223) 8) Activities (F225-226) 9) Environment (F231, 236-238) 10) Res. Assessment (F239, 580, 248, 251, 501, 256-261, 502, 503) 11) Care Plans (F262-267) 12) Accidents (F294-295) 13) Meals (F334-337) 14) Food Sanitation (F339-341) 15) Spread of Infection (F382-384) 16) Space and Equipment (F389-390) 17) Dining and Res. Acts. (F406-410) 18) Clinical records (F460-466) 19) Disaster emergency preparedness (F465, 466) 20) Quality Assurance Committee (F515, 516)	Handout - HCFA and state regulations

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 1:
Page 3

This unit discusses the general activities program including the purpose of the program and the goals of the related philosophy. The activity coordinator job description is included with an introduction to the types of facilities in which activity coordinators are employed. Legal and ethical responsibilities of the activity coordinator are included.

OBJECTIVE	CONTENT	METHOD
1.2.2 Discuss the role of the Iowa Department of Inspections and Appeals in long term care facilities.	b. State Department of Inspections and Appeals (DIA) regulations and interpretive guidelines. 1) Dependent adult abuse mandatory reporters 2) Activity program 3) Dining room/living room/activity space 4) Pets 5) Resident rights a) Resident work b) Telephone c) Resident activities d) Family visits 6) Alzheimer Units 7) MI/MR 8) RCF - SNF	Lecture/discussion
1.2.3 Examine facility expectations, policies and procedures.	c. Facility expectations, policies	
1.2.4 Discuss the role of accreditation agencies in long term care facilities.	d. Accreditation agencies 1) JCAHO (Joint Commission for Accreditation of Hospital and Other Organizations) 2) CARF (Commission for Accreditation of Rehabilitation Facilities 3) Other agencies	
1.2.5 List other agencies who work with long term care facilities.	e. Other agencies 1) Iowa Foundation for Medical Care (PSRO) 2) Medicaid (Title 19)/Medicare 3) Elder Affairs - Ombudsman 4) Other	
1.2.6 Describe the types of officials that review facilities.	f. Reviewers 1) Iowa Foundation for Medical Care (PSRO) 2) Fire marshall 3) Care review committees as required by rule	

Unit 1: Page 4 — This unit discusses the general activities program including the purpose of the program and the goals of the related philosophy. The activity coordinator job description is included with an introduction to the types of facilities in which activity coordinators are employed. Legal and ethical responsibilities of the activity coordinator are included.

OBJECTIVE	CONTENT	METHOD
	4) Inspections department surveyor (Federal and state regulations)	
1.2.7 Review the survey process as it relates to the responsibilities of the surveyors and facility.	C. The survey process 1. Preparation--resident interviews 2. During the visit - team approach 3. Exit interview 4. Statement of deficiencies/plans of correction	Lecture/discussion
1.3 Determine the legal and ethical responsibilities of the activity coordinator.	III. The activity professional A. Ethical responsibilities 1. To resident 2. To other staff within facility 3. To other activity colleagues 4. To community 5. To self--responsibility for own actions	Lecture/discussion "Legal/Ethical Quiz"
	B. Legal responsibilities 1. Resident's rights a. Mandatory dependent adult abuse reporter b. Advance directives (DNR order) 2. Negligence/malpractice a. Doctor's orders b. Safety 1) Off-site activities 2) Change in condition c. Lifting d. Feeding 3. Invasion of privacy a. Gossip b. Photo/media release c. Public discussion of private matters d. No bargaining e. No extra people to give care	Homework Activity 1.2 "Patient/Resident Rights"

OBJECTIVE	CONTENT	METHOD
	f. Private telephone g. Private mail h. Other 4. Assault and battery	
1.4 Describe the behavior expected of the professional activity coordinator.	IV. Standards of practice: activity coordinator (practitioner behavior) A. Code of ethics B. Personal characteristics 1. Personal strengths 2. Personality assessment a) Myers-Briggs b) Personal profile C. Personal health management 1. Personal health 2. Health precautions 3. First aid/CPR certification--pro's and con's D. Professional standards 1. Professional development 2. Professional certification 3. Continuing education 4. Professional involvement E. Professional attitude toward residents 1. Professional responsibility versus personal bias F. Right to life/Right to die issues 1. Living wills 2. Advance directives 3. Other	
1.5 Review the job requirements and job descriptions for activity coordinators.	V. Job requirements A. Definition - job description B. How it is used 1. Helps when applying for a job	Homework activity 1.3 "Job Descriptions"

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 1: Page 6 This unit discusses the general activities program including the purpose of the program and the goals of the related philosophy. The activity coordinator job description is included with an introduction to the types of facilities in which activity coordinators are employed. Legal and ethical responsibilities of the activity coordinator are included.

OBJECTIVE	CONTENT	METHOD
	2. Helps employer, employee determine if applicant has abilities 3. Clarifies tasks, responsibilities 4. Identifies who is responsible for what	
1.5.1 List the information that should be included in a job description.	C. Content 1. Qualifications 2. Responsibilities 3. To whom one reports 4. Duties	
1.5.2 Examine the organizational chart for typical facility and describe the relationship of the activity program to other departments.	D. Organizational chart 1. Activity program to other departments 2. Activity coordinator reports to 3. Formal lines of communication	Have students bring in the organization chart from their facility and discuss how the activity program relates to others
1.6 Investigate the role of outside consultants in facilities.	VI. Outside consultants A. Definition 1. Those within facility 2. Help organization achieve goals 3. Method a. Increase knowledge base b. Provide objectivity c. Teach new skills d. Help clarify and solve problems	Homework Activity 1.4 "Consultants"--may be assigned as a report
	B. Types of consultants 1. Audiologist 2. Speech pathologist 3. Dietary (B.S. ADA registration) 4. Occupation therapist 5. Recreational therapist (CTRS) 6. Physical therapist 7. Social worker/human service worker 8. Pharmacist	Lecture/discussion

Unit 1: Page 7 This unit discusses the general activities program including the purpose of the program and the goals of the related philosophy. The activity coordinator job description is included with an introduction to the types of facilities in which activity coordinators are employed. Legal and ethical responsibilities of the activity coordinator are included.

OBJECTIVE	CONTENT	METHOD
	9. Activity consultant 10. Other	
1.6.1 Discuss and describe how consultants can best be utilized. Focus on responsibilities of the consultant and responsibilities of the facility.	C. How to work with consultants 1. Ask them to help develop goals 2. Ask for assistance in helping residents 3. Ask for help in selecting snacks for refreshments 4. Ask for help in adapting activities for individual residents 5. Ask for assistance in setting up exercise program	Discussion
1.7 Briefly describe activity professional organizations and the support offered through each organization.	VII. Professional organizations A. Local activity organization B. State activity organization 1. State - Health Care Association 2. State-IAAC 3. State - Therapeutic Recreation Assoc. 4. Other organizations (OTR)	Discussion
1.7.1 Review current activity professional standards of conduct for activity coordinators.	C. National activity organizations 1. NAAP/NTRS a. Standards of practice b. Code of ethics 2. ATRA/AAPHERD, etc	Handouts--NAAP, Standards of Practice, and Code of Ethics
1.7.2 Discuss certification as related to professionalism.	D. National certification 1. National Certification Council of Activity Professionals (NCCAP) a. Certification application booklets b. Criteria for continuing education 2. National Council for Therapeutic Recreation Certification (NCTRC) a. Certification information	Handouts--NCCAP, NCTRC, Certification applications

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 1: Page 8 This unit discusses the general activities program including the purpose of the program and the goals of the related philosophy. The activity coordinator job description is included with an introduction to the types of facilities in which activity coordinators are employed. Legal and ethical responsibilities of the activity coordinator are included.

OBJECTIVE	CONTENT	METHOD
1.8 Examine the personal and professional philosophy of those working with individuals in long term care activities.	VIII. Philosophy of activities A. Rationale for activity service 1. Medical model 2. Wellness model B. The long term care setting 1. Interdepartmental care 2. Resident's rights (see Fed. regulations) 3. Institutionalization - infantilization issues C. Quality of life issues	Lecture/discussion
1.9 Describe an activity program and list the purposes of the program.	IX. The activity program A. Purpose 1. Create a normal atmosphere for residents 2. Prevent isolation, dependency, helplessness, apathy 3. Keep resident productive, creative, increase contentment 4. Encourage socialization	Lecture/discussion Homework Project 1.5 "Evaluation of Program"
1.10 List some basic goals of an activity program.	B. Goals 1. Stimulation (physical, mental, social, spiritual, emotional) 2. Increase self-confidence/self-respect 3. Reason for living (useful and productive) 4. Maintain physical strength/endurance 5. Helps keep people more alert (increase awareness) 6. Gain/regain role identity through socialization 7. Helps with environmental adjustment 8. Promote family interaction 9. Encourages working together 10. Increase fine and gross motor skills 11. Increase communication (verbal/nonverbal)	Lecture/discussion

OBJECTIVE	CONTENT	METHOD
	12. Function at optimum level of independence 13. Improve use of free/leisure time 14. Provide creative/expressive outlets 15. Increase social/interactional and group skills	
1.11 Identify the characteristics necessary for a well-rounded activity program that meets the needs of the residents.	X. Well rounded activity program A. Based on resident needs 1. Physical 2. Social 3. Religious 4. Mental 5. Creative/expressive 6. Work/service/volunteer 7. Fun/recreational	Discussion--have students select an activity and discuss what it means to them. Compare reactions with other students.
1.12 Recognize the various reactions individuals will have to activities.	XI. Reactions to activity programs A. Past experiences B. Individual needs C. Individual interests D. Unexpected reactions	

Unit 2: This unit examines the overall management skills needed by activity coordinators. The skills include program goal-setting, developing plans to achieve these goals, using community resources in meeting the goals, communication skills, and record keeping. Leadership and group dynamics are also discussed.

Approx. Teaching Time 16-20 hrs

OBJECTIVE	CONTENT	METHOD
2.0 Discuss the various management skills required of the activity coordinator.	I. Management skills A. Definition B. What the coordinator manages 1. Programs 2. People, volunteers, residents	Lecture/discussion
2.1 Develop goals, policies and procedures for an activity program.	II. Written plan - activity program A. Philosophy/purpose of department B. Goals of department C. Policy and procedures manual 1. Definition - Policy - general statement of the course faction (what is to be done) 2. Definition - Procedure - specific statement(s) of how the policy is to be implemented 3. Content of manual a. General description of service (definition) b. Philosophy and purpose (objectives) c. Standards of practice (explicit and implied) d. Organizational structure of department 1) Lines of authority 2) Relationships with other departments 3) Relationships with community agencies and resources e. Management tools of organization/ facility f. Programs and services g. Departmental record keeping h. Personnel policies i. Job descriptions	Homework Activity 2.1

Unit 2: Page 2 This unit examines the overall management skills needed by activity coordinators. The skills include program goal setting, developing plans to achieve these goals, using community resources in meeting the goals, communication skills, and record keeping. Leadership and group dynamics are also discussed.

OBJECTIVE	CONTENT	METHOD
	j. Emergency procedures	
	k. Budget	
	l. Other	
	D. Helpful hints	
	1. Review manual annually--update and revise as needed	
	2. Use ring notebook for easy update	
	3. Index sections with tab markers	
	4. Use to orient new employees	
2.2 Describe how the activity coordinator can use the principles of decision making.	III. Decision making--problem solving	
	A. Clearly state problem or decision to be made--whose responsibility is it?	Classroom activity 2.2 "Decision Making"
	B. Restate the problem so everyone can understand	
	C. List the different choices one has	
	D. Determine the results with each choice	
	E. Select the best choice	
	F. Implement - evaluate	
	G. When more than one decision is required	
	1. Prioritize - in order of need/consequence	
	2. Examine possible interrelatedness or impact on other decisions	
2.3 Examine the day-to-day tasks that an activity coordinator performs and identify those that could be delegated to others.	IV. Delegation of duties/daily tasks	
	A. Tasks the activity coordinator should do	
	1. Staff relations	
	2. Planning the program	
	3. Some 1-1 activities	
	4. Some small group activities	
	5. Developing new activities and implementing them	
	6. Supervision of volunteers (overall program)	
	7. Documentation and record keeping	

Unit 2: Page 3 This unit examines the overall management skills needed by activity coordinators. The skills include program goal setting, developing plans to achieve these goals, using community resources in meeting the goals, communication skills, and record keeping. Leadership and group dynamics are also discussed.

OBJECTIVE	CONTENT	METHOD
	B. Tasks that can delegated	Homework activity 2.3 "Delegating"
	1. Showing films, parties, church, helping with crafts, writing letters for residents.	
	2. Etc.	
	3. Resource persons to help with tasks	
	a. Community volunteers	
	1) Benefits of volunteer program	
	2) Recruiting/organizing volunteers	
	b. Facility employees who volunteer	
2.3.1 Relate information regarding insurance and liability of volunteers.	C. Insurance and liability	
	1. In-house programs	
	2. Community outings--volunteer cards	
	3. Accidents/injuries	
2.4 Discuss different ways the activity coordinator can "stretch" time.	V. Time management	
	A. Preplanning	
	1. Organize day	
	a. Prioritize tasks	
	b. Delegate duties as possible	
	B. Use time wisely	
	1. Blocks of time--for duties requiring concentration	
	a. Documentation	
	b. Program development	
	c. Calendar preparation	
	2. Communication	
	a. Be concise	
	b. Determine best form to avoid duplication, misunderstanding, etc.	
	3. Time savers	
	a. Forms/standard letters	
	b. Files	
	c. Label cabinets, drawers, etc.	
	d. Hold phone calls during group meetings	

Unit 2: This unit examines the overall management skills needed by activity coordinators. The skills include program goal
Page 4 setting, developing plans to achieve these goals, using community resources in meeting the goals, communication skills, and record keeping. Leadership and group dynamics are also discussed.

OBJECTIVE	CONTENT	METHOD
	e. Effective vs. efficient--do it right the first time 4. Scheduling a. Estimate time to do activity - then add 50% b. Avoid overcommitment--schedule/commit to 50% of day (maximum) c. Schedule according to personal "peak" energy time d. Plan personal recreation time daily	
2.5 Plan a month's activities for the residents in the facility in which you work.	VI. Monthly activity plan/calendar A. Meets the needs/interests of residents--based on assessments and care plans B. Meets overall program objectives C. Provides variety D. Practical - with sufficient resources	Homework 2.4 "Monthly Calendar"
2.5.1 List the steps required to develop a monthly calendar.	E. Steps to develop a monthly calendar 1. Timing the plan--start planning at least two weeks before implementation 2. Develop a rough draft--include following a. Resident interests and time preference b. Resident needs/care plans c. Facility routine d. Independent and 1-1 activities 3. Review the draft a. All departments b. Administrator approval c. Back-up plans 4. Assisting staff and volunteers 5. Communicating the plan a. Large calendar 1) Posted in prominent area(s) 2) Wheelchair height 3) Visible print	

OBJECTIVE	CONTENT	METHOD
	4) Contrasting colors	
	5) Clip art (PRN)	
	6) Include times and locations	
	b. Small calendar(s)	
	1) Residents rooms	
	2) Department heads and administrator	
	3) Nursing stations	
2.6 Investigate community resources that can broaden the program.	VII. Community Resources	
	A. File of resources	Resource File Handout
	1. Index cards	
	2. Rolodex	
	3. Notebook	
	4. Etc.	
	B. Thing to include:	
	1. Community information	
	2. Educational resources	
	3. Public relations - media	
	4. Health organizations	
	5. Aging resources	
	6. Volunteers	
	7. Religious agencies	
	8. Activity orientation program/Business	
	9. Financial resources	
	10. Anything else you might use	
2.7 Involve other staff in activity program.	VIII. Using other staff	
	A. Reasons	
	1. Provides more coordination/integration	Lecture/discussion
	2. Continued support for residents/helps maintain consistency	
	3. Employers more supportive of program	
	4. Broadens expertise in program	
	B. Staff to use effectively	
	1. Aides	
	2. Nurses	
	3. Others	

Unit 2: Page 6 This unit examines the overall management skills needed by activity coordinators. The skills include program goal setting, developing plans to achieve these goals, using community resources in meeting the goals, communication skills, and record keeping. Leadership and group dynamics are also discussed.

OBJECTIVE	CONTENT	METHOD
2.8 Explore the resources available to the activity coordinator to aid in job performance.	IX. Other Resources A. Volunteers B. Consultants/other professionals C. Staff/supervisors D. Professional organizations E. Schools F. Books, magazines, catalogues G. Professional workshops/meetings	
2.9 Discuss the importance of using effective communications with residents, staff, supervisors, and general community.	X. Communications A. Elements of communications 1. Sender 2. Communication channel 3. Receiver 4. Response B. Communications affected by 1. Feelings and emotions of sender 2. Feelings and emotions of receiver 3. Setting(s) 4. Complexity of message 5. Consistency - verbal or nonverbal	Communication Activity 2.5 (Communications)
2.9.1 Identify the types of communications.	C. Types of communication 1. Verbal(7%) 2. Nonverbal (93%)	
2.9.2 Identify the importance of nonverbal communication in getting message across.	a. Body, posture, movements b. Facial expressions c. Tone of voice d. Touching e. Environmental factors 3. Written message	
2.9.3 Investigate ways in which nonverbal communications relate to verbal communications.	D. Combining verbal/nonverbal 1. Reinforce each other 2. Contradict each other 3. Accent each other 4. Regulate each other	

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 2: Page 7 This unit examines the overall management skills needed by activity coordinators. The skills include program goal setting, developing plans to achieve these goals, using community resources in meeting the goals, communication skills, and record keeping. Leadership and group dynamics are also discussed.

OBJECTIVE	CONTENT	METHOD
	5. Repeat each other 6. Substitute for each other	
2.9.4 Identify methods of improving verbal communication skills.	E. Communication skills 1. Improving verbal communications a. Determine goal of communication 1) Action 2) Information 3) Influence b. What needs to be said to reach goal c. Select appropriate physical setting d. Discuss ideas with neutral persons e. Put yourself in receivers place f. Ask questions, request feedback for clarification g. Be consistent - present/future h. Be a good listener i. Be aware of total message, verbal/nonverbal	Lecture/discussion
2.9.5 List skills that can improve active listening.	2. Listening a. Importance - 80% time awake you communicate--45% of the time spend listening b. Improving listening skills 1) Time out personal biases/values/etc. 2) Discipline - practice 3) Concentration 4) Full attention 5) Comprehension - ask questions for clarification 6) Allow to fully express thoughts before responding--don't interrupt! 7) Read body language 8) Listen courteously - control responses 9) Give and gather feedback 10) Accept different viewpoints	Homework Activity 2.6 "Listening Quiz"

Unit 2: Page 8 This unit examines the overall management skills needed by activity coordinators. The skills include program goal setting, developing plans to achieve these goals, using community resources in meeting the goals, communication skills, and record keeping. Leadership and group dynamics are also discussed.

OBJECTIVE	CONTENT	METHOD
	11) Focus on content, not delivery 12) Don't be distracted 13) Be objective - not argumentative 14) Identify speakers purpose--listen for main idea 15) Summarize as you listen	
2.9.6 Identify other communitation skills and responsibilities.	3. Color a. Environment - moods b. Dress - personality 4. Telephone manners a. Promptness/identify speaker b. Tone of voice c. Understanding/recording messages d. Qualified information e. Courteous/hang up phone carefully f. Brief 5. Shop talk a. Forbidden about residents b. Loyalty to employer/peers c. Do NOT gossip	
2.9.7 Discuss reasons why communications break down.	F. Break down in communications 1. Words with different meanings 2. Stereotyping 3. Failure to listen 4. Emotions interfere 5. Mixed verbal/nonverbal messages 6. Cultural differences 7. Hear what we want to hear	
2.10 Examine how adult learning methods affect communication and resident motivation.	XI. Communication methods A. How people learn 1. Read 2. Hear 3. See 4. Hear and see	

Unit 2: Page 9 This unit examines the overall management skills needed by activity coordinators. The skills include program goal setting, developing plans to achieve these goals, using community resources in meeting the goals, communication skills, and record keeping. Leadership and group dynamics are also discussed.

OBJECTIVE	CONTENT	METHOD
	5. Say	
	6. Do	
	B. Laws of learning	Lecture/discussion
	1. Law of exercise - learn by practice	
	2. Law of readiness - when ready to act--doing so is satisfying, not doing is annoying	
	3. Law of effect - people repeat what they like and avoid what they don't	
	4. Law of reinforcement - behaviors positively reinforced are likely to recur	
	C. Adult learning methods	
	1. Self directed--allow to plan and conduct their own learning experiences	
	2. Build on previous experiences	
	3. Guided by different developmental tasks than youth	
	4. Require practice applications. Organize learning experiences around life problems vs. subject topics	
	5. Learn and remember requires association, concentration and repetition	
	D. Instructional methods	
	1. Lecture	
	2. Discussion	
	3. Audio visual aids	
	4. Questions/answers	
	5. Demonstration/role playing	
	6. Handouts	
	7. Group work (dyads/triads/fish bowls)	Leadership in Rec&Luis Serv. Organ.
	8. Brainstorming	
2.10.1 Identify elements necessary for effective communications.	E. Face to face (1-1) communication	
	1. Involves giving/receiving information	
	a. Coaching	
	b. Lecturing	
	c. Listening	

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 2: This unit examines the overall management skills needed by activity coordinators. The skills include program goal setting, developing plans to achieve these goals, using community resources in meeting the goals, communication skills, and record keeping. Leadership and group dynamics are also discussed.
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OBJECTIVE	CONTENT	METHOD
	d. Demonstrating e. Role playing f. Activity involvement 2. Involves sharing of emotional expressions a. Love b. Joy c. Grief d. Sorrow e. Excitement 3. Affected by personality characteristics of leader a. Empathy b. Genuineness c. Responsiveness d. Respect for needs of others 4. Immediacy--disclosure of personal thoughts/feelings, etc. to create a more meaningful dialogue 5. Confrontation - individuals are provided an opportunity to examine and modify or change their ideas or behaviors or both	
2.10.2 Discuss factors that are important in group communications.	F. Group dynamics 1. Leading small groups a. Process orientation (knowledge) b. Task orientation c. Relationship orientation 2. Leading large groups--determine internal relationships that exist among members of group (socigram) 3. Evaluate effects of groups you list	
2.11 Identify the importance of the written message in communications.	XII. Written message A. Represents agency/department B. Assembly 1. Sequential 2. Clear and concise	

OBJECTIVE	CONTENT	METHOD
	3. Free of errors	
	4. Look professional	
	5. Factual	
2.12 Explore the relationship of the activity department with other departments in facility.	XIII. Working with other departments--teamwork for holistic care	
	A. Social services roles	
	1. Admissions, transfers, discharges	
	2. Discharge planning - community resources	
	3. Emotional/psychosocial needs of resident	
	4. Financial assistance	
	5. Counseling	
	6. Personal cares--shoes, eye appts. etc	
	B. Dietary - roles	
	1. Menus - balanced nutrition	
	2. Therapeutic diets	
	3. Sanitation - properly prepared foods	
	4. Food costs/budget	
	C. Nursing roles	
	1. Medications	
	2. Physical care needs	
	3. Activities of daily living (ADL)--dressing, grooming, baths	
	4. Transfers, transports	
	5. Behavior management	
	D. Maintenance/housekeeping/laundry roles	
	1. Environmental cleanliness/safety	
	2. Sanitation/infection control/rodent control	
	3. Facility appearance	
	4. Moving - tables, chairs, equipment, etc.	
	5. Mark belongings of residents	
	E. Chaplain role	
	1. Spiritual needs	
	2. Death/dying issues	
	F. Administrator role	
	1. Supervision	

OBJECTIVE	CONTENT	METHOD
	2. Finances	
	3. Policy and procedures implementation	
	4. Marketing and public relations	
2.13 Identify the role of the activity coordinator in record keeping.	XIV. Record keeping	Lecture/discussion
	A. Purpose	
	1. Communication - goals of program	
	2. Communication - resident goals	
	3. Documentation - program and resident accomplishments	
	4. Provides written guide for consistency	
	5. Gives visibility/credibility	
	6. Gives basic facts for ongoing evaluation	
	7. Required by agency/state/federal	
2.13.1 List the various types of records used in nursing facilities.	B. Types of records	Reference:
	1. Resident related	RAPS - Resident Assessment Protocols
	a. Care plans	
	1) MDS + RAPS + Assessment/questionnaire	
	2) Problems, goals, approaches	
	3) Progress notes	
	4) Physicians orders	
	b. Activity attendance records	
	c. Precautions list	
	d. 1 - 1 program documentation	
	e. Photo/media releases	
	2. Department related	
	a. Resident council reports/responses	
	b. Department policies/procedures	
	c. Volunteer program	
	d. Monthly calendar	
	e. Community resource file	
	f. Inservices	
	g. Budget	
	h. Inventory	
	i. Other	

Unit 2: Page 13 This unit examines the overall management skills needed by activity coordinators. The skills include program goal setting, developing plans to achieve these goals, using community resources in meeting the goals, communication skills, and record keeping. Leadership and group dynamics are also discussed.

OBJECTIVE	CONTENT	METHOD
2.14 List the building blocks for care planning.	XV. Care plan process A. Assessment/MDS/questionnaire B. Care plan conference 1. Problem identification 2. Goal setting 3. Approaches identified C. Implementation of care plan D. Progress notes	(F156-157, 262-267, 272)
2.15 Describe the information to include in the comprehensive activity assessment.	XVI. Comprehensive Activity Assessment (Review State and OBRA regulations) A. MDS - Section I - Activity purpose/patterns	
2.15.1 Examine activity input through MDS.	1. Time awake 2. Average time involved in activities (potential trigger) 3. Preferred activity settings 4. General activities preferences 5. Prefers more or different activities (automatic trigger) 6. Verification - Section A - signature, title, date and sections completed	Handout - copy MDS (Refer to resident assessment instrument Manual -HCFA 12/1990)
2.15.2 Discuss the use of triggers.	B. Triggers/trigger legend 1. Definition: areas on assessment requiring further indepth examination 2. Trigger legend - summary sheet, identifying all elements requiring further study	
2.15.3 Define the RAP for activities and how it is utilized in care plan.	C. RAP's - Resident Assessment Protocols 1. RAP - educational/clinical-decision facilitator. (18 RAS's) 2. RAP Guidelines--help evaluate triggered problems by providing a greater understanding of a. Problem b. Possible cause c. Impact on resident	

Unit 2: This unit examines the overall management skills needed by activity coordinators. The skills include program goal
Page 14 setting, developing plans to achieve these goals, using community resources in meeting the goals, communication skills, and record keeping. Leadership and group dynamics are also discussed.

OBJECTIVE	CONTENT	METHOD
	3. RAP Evaluation - determines the importance of problem - to proceed in care plan a. Requires brief focused documentation 1) Problems 2) Complications 3) Risk factors - decisions to proceed with care plan b. Assigned by R.N. coordinator c. Returned to R.N. coordinator	
2.15.4 Describe the information to include in assessment of the resident (Activities Potential F-251).	D. Discipline specific activity assessment (Professional) 1. Physical abilities a. Ambulation b. Hand dexterity c. Sensory - hearing, seeing 2. Mental abilities a. Attention span b. Decision-making c. Communication abilities 3. Psycho-social a. Interaction with others b. Community involvement c. Activity participation/attendance d. Response to activities e. Activity interests - past and present 4. Spiritual 5. Biographical information 6. Family/significant others 7. Physical condition/precautions	
2.15.5 List the time frames for completion of the comprehensive assessment.	E. Time frames for assessment 1. Initial Assessment - 14 days (MDS + RAPS + Professional Assessment) 2. Reassessment/review a. Quarterly (Professional Assessment)	

OBJECTIVE	CONTENT	METHOD
	b. Significant Permanent Change--within 2 weeks of stabilization, complete full MDS + RAPS professional assessment 3. Yearly - date from most recent MDS a. MDS + RAPS + Prof. Assessment	
2.16 Participate in developing resident care plans.	XVII. Care Plans A. Purpose 1. System of communication 2. Consensus from team as to how resident could function more normally 3. Consistency of defining problems, setting goals and approaches 4. Concerted effort toward same goals 5. Evaluates resident as total human being	
2.16.1 Describe care plan meetings.	B. Meetings (optional) 1. Fastest, easiest communication 2. Members of team meeting a. Nursing b. Social services c. Activities program staff d. Physical therapy staff e. Dietary f. Residents/families g. Others 3. Place and time of meetings a. Quiet where there is no interference b. Convenient for staff c. Plan future meetings based on resident needs	
2.16.2 Identify the components of a resident's care plan.	4. Development of the plan a. Discuss/identify problem 1) Anything that causes resident concern in day to day activities 2) Physical problems, hearing losses, sight problems, etc.	Homework Activity 2.7 "Assessing Residents Activity Needs"

OBJECTIVE	CONTENT	METHOD
	3) Emotional/intellectual problems	
	4) Social/family situations - money, etc.	
	5) Behavioral patterns - aggressiveness, etc.	
	b. Identification of gaols	Homework Activity 2.8
	1) Determine resident needs (Maslow)	"Defining Resident Problems"
	2) From needs - short term goals (Base on long term goals)	
	3) Prioritize needs	
	4) Limit goals to one or two	
	5) Write in terms of resident	
	6) Describe behavior to be changed	Homework Assignment 2.9
	7) Qualities of goals	"Evaluating Objectives"
	a) R-Relevant	
	b) U-Understandable	
	c) M-Measureable	
	d) B-Behavioral	
	e) A-Achievable	
	8) State the goal	Classroom Activity 2.10
	a) Who (the resident)	"Writing Resident Goals and Objectives"
	b) Does what (will....)	
	c) How often (measurable frequency)	
	d) Under what circumstances (when asked, with assist. etc.)	
	e) By when (90 days)	
2.16.3 Determine appropriate approaches to meet goal.	c. Approaches	Homework Assignment 2.11
	1) Directed toward fulfilling needs	"The Complete Care Plan"
	2) Realistic	
	3) Identify who will do what when	
	4) Specific and individualized for each resident	
2.16.4 Locate the care plan.	5. Location of the care plan	
	a. Part of the permanent record	
	b. Kept in resident chart or separate folder - done in ink	

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 2: This unit examines the overall management skills needed by activity coordinators. The skills include program goal setting, developing plans to achieve these goals, using community resources in meeting the goals, communication skills, and record keeping. Leadership and group dynamics are also discussed.
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OBJECTIVE	CONTENT	METHOD
	c. All care plans are kept in same place d. MDS + RAPS + Department assessments + care plans, quarterly reviews must be contained in resident's record for the prior 24 month period	
2.17 Identify what must be included in progress notes.	XVIII. Progress notes A. Periodic evaluation of resident progress 1. Includes a. Physical/emotional changes b. Responses to approaches c. Response to various activities d. How well short term goals were met e. Interactions with others f. Types of participation g. Changes in reactions to activities h. Any or all of the above 2. Written, when change occurs or at least every 3 MONTHS 3. Location - see policy manual B. Discharge plans 1. Done on every resident 2. If discharge possible, must be in more depth 3. Specific and implemented prior to discharge activity information forwarded to human services or DON	
2.18 Discuss the need for acquiring physician's orders relating to activities.	XIX. Physician's orders A. Purpose B. Types 1. Participate in activities 2. Alcoholic beverages 3. Work therapy - specific to task 4. Volunteer program 5. Modified diet for special occasions 6. Other	

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 2: This unit examines the overall management skills needed by activity coordinators. The skills include program goal
Page 18 setting, developing plans to achieve these goals, using community resources in meeting the goals, communication skills, and record keeping. Leadership and group dynamics are also discussed.

OBJECTIVE	CONTENT	METHOD
2.19 Discuss the various other records the activity coordinator is required to maintain.	XX. Other resident related records A. Attendance records - daily participation 1. Not part of permanent record 2. Required by state 3. Kept until next care plan meeting 4. Reason for keeping a. Documentation b. Lists residents in attendance c. Helps in evaluation of program 5. Types of forms used a. Separate sheet - each resident 1) Allows space for information 2) Time consuming b. Sheet covering multiple residents 1) Faster, convenient 2) Less expensive 3) Less room for detail 4) Gives only monthly picture 6. Information kept/recorded a. Attendance using activity codes (provide a master key) b. Active vs. passive participation (symbols or colored pens) c. Resident refusal to participate (symbol) d. Care plan - targeted activities (identify next to name) e. Trouble in activity f. Other	
2.19.1 Describe the importance of maintaining a precautions list.	B. Precautions list/record 1. Purpose - assist in regular planning and implementation of activities 2. Identifies specific concerns, risks, and precautions for each resident	

OBJECTIVE	CONTENT	METHOD
	3. Possible items to include: a. Photo restriction b. Diet restriction c. Alcohol restriction d. Allergies e. Disruptive behaviors f. DNR order g. Activity/medical restrictions/limitations h. Other	
2.19.2 Explain the necessity of keeping 1-1 program records.	C. 1-1 Program Documentation 1. Purpose - confirms therapeutic nature of activity. Goal oriented vs. chit-chat visit 2. Components a. Individual sheets - each resident b. Goal - specific to task (from care plan) c. Date d. Time involved e. Activity f. Responses/comments 3. Not part of permanent record	
2.19.3 Discuss the benefits of having media releases for residents, staff and volunteers.	D. Photo/media release 1. Right to privacy 2. Copyright/media laws	
2.20 List and explain other types of records that must be kept.	XXI. Other department records A. Budget 1. Yearly - projected a. Long range plans	Lecture/discussion
2.20.1 Develop a department budget.	b. New activity programs 2. Include supplies, equipment, travel 3. Current record of expenditures 4. Current record of income a. Sales b. Donations c. Memorials	

OBJECTIVE	CONTENT	METHOD
	B. Inventory 1. Capital equipment and cost 2. Expendable supplies and equipment and cost 3. Updated yearly a. Review program needs b. Insurance in a disaster	
2.21 Examine methods of getting the paper work done - efficiently and effectively.	XXII. General record keeping format A. Activity staff responsible B. When done 1. Block of time - scheduled each week 2. Allow enough time	

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 3: The emphasis in this unit is on the residents in long term care facilities with whom the activity coordinator will be working. The unit is designed to help the activity coordinator gain a better understanding of the variety of residents, their limitations and capabilities and behaviors related to physical and mental conditions. Reasons for behaviors and theories regarding human growth and development and how people learn will be examined to increase the activity coordinator's ability to work most effectively with all residents in the facility.

Approx. Teaching Time 20-24 hrs.

OBJECTIVE	CONTENT	METHOD
3.0 Describe the various types of residents for whom the activity coordinator will be planning and implementing activities.	I. Residents in long term care facilities A. Aged B. Chronically ill C. Terminally ill D. Physically disabled E. Mentally retarded F. Mentally ill G. Dementias/Alzheimer's, etc. H. Mixed/combination types	Lecture/discussion
3.1 Examine behavior and how it relates to basic needs and human growth and development theories.	II. Human development and aging A. Human behavior 1. Definition--acting out of a feeling 2. All behavior has meaning 3. Is ever changing 4. Must understand own behavior to understand others 5. Normal vs. abnormal behavior	
3.1.1 Discuss Maslow's hierarchy of human needs as relates to human development.	B. Human needs (Maslow) 1. Physiological (survival) 2. Safety 3. Love and belonging 4. Self-esteem 5. Self-actualization	
3.2 Explore the human wellness component as related to physical and mental disabilities.	C. Human wellness 1. Self-esteem 2. Self-responsibility 3. Assertiveness	
3.3 Examine the creative potential resurgence that occurs after 70.	D. Potential, creativity and aging after 70	Homework Assignment 3.1 "Quiz on Facts on Aging"

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 3: Page 2 The emphasis in this unit is on the residents in long term care facilities with whom the activity coordinator will be working. The unit is designed to help the activity coordinator gain a better understanding of the variety of residents, their limitations and capabilities and behaviors related to physical and mental conditions. Reasons for behaviors and theories regarding human growth and development and how people learn will be examined to increase the activity coordinator's ability to work most effectively with all residents in the facility.

OBJECTIVE	CONTENT	METHOD
3.4 Discuss societal and personal beliefs/attitudes regarding aging.	III. Attitudes of aging A. Old vs. youth B. Independence C. Autonomy D. Empowerment	Classroom activity: "Attitudes Toward Aging Scale Quiz" or "Facts About Dying Quiz" Suggested resource: Leo Missinne "All You Could Forget About Older People" Palo Alto, CA: R & E Research Associates, Inc. 1981. Fact sheet on aging/disabled.
3.4.1 Examine stereotypes of aging.	E. Stereotypes 1. Appearance and health 2. Attitude/personality 3. Spirituality 4. Finances 5. Other	
3.5 Explore the various theories of aging.	IV. Theories of aging A. Biological 1. Wear and tear 2. Biological clock 3. Auto immune 4. Other B. Social 1. Disengagement 2. Activity 3. Other	Resource: "Emergent Theories of Aging" Passuth and Elbents, 1990.
3.6 Discuss how the aging process applies to everyone.	V. The aging process A. Universal B. Normal C. Variable D. Dying is normal and inevitable E. Illness is not always a part of aging F. 3 generations in current aging G. Older people continue to learn H. Older people can change I. Older people want to be selfdirecting J. Older people are vital human beings	

Unit 3:
Page 3

The emphasis in this unit is on the residents in long term care facilities with whom the activity coordinator will be working. The unit is designed to help the activity coordinator gain a better understanding of the variety of residents, their limitations and capabilities and behaviors related to physical and mental conditions. Reasons for behaviors and theories regarding human growth and development and how people learn will be examined to increase the activity coordinator's ability to work most effectively with all residents in the facility.

OBJECTIVE	CONTENT	METHOD
3.7 Examine the various physical changes that occur as one ages.	VI. Physical changes that do occur A. Musculoskeletal 1. Mobility 2. Strength 3. Coordination/balance 4. Flexibility 5. Bone and joint B. Respiratory - lung capacity C. Cardiovascular - circulation 1. Blood flow 2. Vessels 3. Endurance D. Senses 1. Hearing 2. Vision 3. Taste 4. Touch 5. Smell E. Kidney/urinary F. Digestive G. Brain and nervous system H. Skin and hair changes I. Sexual activity	Lecture/discussion
3.8 Explore the various mental changes that occur as one ages.	VII. Mental changes that do occur A. Learning--information gathering B. Memory 1. Long term 2. Short term C. Attention span D. Disengagement E. Decision making	

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 3: Page 4 The emphasis in this unit is on the residents in long term care facilities with whom the activity coordinator will be working. The unit is designed to help the activity coordinator gain a better understanding of the variety of residents, their limitations and capabilities and behaviors related to physical and mental conditions. Reasons for behaviors and theories regarding human growth and development and how people learn will be examined to increase the activity coordinator's ability to work most effectively with all residents in the facility.

OBJECTIVE	CONTENT	METHOD
3.9 Describe the various psychosocial changes that occur as one ages.	VIII. Psychosocial changes that do occur A. Disengagement 1. Decreasing numbers of significant others 2. Finances 3. Transportation B. Self-esteem/concept C. Role identity 1. Job oriented 2. Role reversal--family D. Respect E. Intimacy/touch F. Leisure G. Socialization H. Age "norms" I. Successful adaptations	Refer to F290-291 OBRA survey
3.10 Discuss the various spiritual changes that occur as one ages. 3.10.1 Explore participants' experiences with death and dying and their comfort in dealing with death.	IX. Spirituality changes that do occur A. Ego integrity (self) B. Workshop/religion C. Death and dying 1. Five stages of grief (Kubler-Ross) a. Denial b. Anger c. Bargaining d. Depression e. Acceptance 2. Activity coordinator involvement a. Silent support b. Anger venting phase c. Make comfortable d. "Closure" e. Encourage family	Lecture/discussion

Unit 3: Page 5 The emphasis in this unit is on the residents in long term care facilities with whom the activity coordinator will be working. The unit is designed to help the activity coordinator gain a better understanding of the variety of residents, their limitations and capabilities and behaviors related to physical and mental conditions. Reasons for behaviors and theories regarding human growth and development and how people learn will be examined to increase the activity coordinator's ability to work most effectively with all residents in the facility.

OBJECTIVE	CONTENT	METHOD
3.11 Investigate the causes of diseases and common diseases/disorders that affect the aging.	X. Diseases A. Causes of diseases for all 1. Infection 2. Deficiency 3. Congenital diseases 4. Degenerative 5. Abnormal growths	
3.11.1 Describe the various diseases that commonly affect the aging.	B. Chronic diseases/disorders of elderly 1. Arteriosclerosis 2. Cardiac a. High blood pressure (hypertension) b. Congestive heart failure c. Angina d. Other circulatory 3. Neurological a. Cerebro-Vascular Accident (CVA/stroke) b. Parkinson's Disease 4. Arthritis a. Rheumatoid b. Osteoarthritis 5. Diabetes 6. Communicable diseases a. MRSA b. Hepatitis c. AIDS 7. Cancer 8. Alcohol and chemical dependency	
3.12 Discuss the physical, cognitive, and affective impact of each above illness/dysfunction on normal aging using a wholistic approach.	XI. Impact of illness on aging A. Physical impact 1. Definitions a. Impairment b. Disability	Handout

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 3: Page 6 The emphasis in this unit is on the residents in long term care facilities with whom the activity coordinator will be working. The unit is designed to help the activity coordinator gain a better understanding of the variety of residents, their limitations and capabilities and behaviors related to physical and mental conditions. Reasons for behaviors and theories regarding human growth and development and how people learn will be examined to increase the activity coordinator's ability to work most effectively with all residents in the facility.

OBJECTIVE	CONTENT	METHOD
3.12.1 Describe the needs of the resident focusing on physical limitations.	2. Characteristics a. Decreased range of motion b. Pain c. Paralysis d. Endurance e. Strength f. Mobility 1) Architectural barriers g. ADL's performance	Classroom activity 3.2 "How it feels to have a Physical Disability"
3.12.2 Describe the needs of the resident focusing on cognitive limitations.	B. Cognitive impact 1. Memory 2. Decision making 3. Information processing 4. Attention span	
3.12.3 Describe the needs of the resident focusing on affective limitations.	C. Affective impact 1. Frustration 2. Feelings of inadequacy 3. Expression of feelings 4. Social and psychological withdrawal	
3.12.4 Discuss methods of assisting the resident in general.	D. Assisting the resident 1. Use of adaptive equipment 2. Encourage residents to do as much for self as possible 3. Be encouraging with whatever progress they make 4. Eliminate architectural barriers 5. Select accomplishable tasks 6. Use O.T., P.T., R.T. consultants 7. Use structure activities--easier to do	
3.13 Discuss residents who have communciation problems.	XII. Communication limitations A. Effects of communication limitations 1. Decreased environmental stimulation	Lecture/discussion Classroom activity 3.3 "Hearing Loss Tape"

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OBJECTIVE	CONTENT	METHOD

2. Isolation/loneliness/depression

B. Hearing losses
  1. Causes
  2. Results
  3. Adaptation of activities
    a. Face when communicating with
    b. Encourage use of other senses, especially sight
    c. Write messages
    d. Use blackboard for general directions or give handouts
    e. Use bulletin boards
    f. Substitute touch
      1) Touch lightly
      2) Let them see/feel a craft
      3) Show instead of telling
      4) Give step by step instructions
  4. Use what hearing is left
    a. Talk to them not about them
    b. Use low tones--easier to hear
    c. Talk slower, distinctly, pause between sentences
    d. Give them a front seat
    e. Use ear phones, church, etc.
    f. Work in small groups, cuts down other noises
  5. Hearing devices
    a. How they work
    b. Care of devices

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	OBJECTIVE	CONTENT	METHOD
3.13.1	Investigate ways to more effectively work with the resident with visual impairment.	C. Visual impairment 1. Definition of blindness 2. Functional blindness 3. Causes of blindness 4. Other factors that affect sight a. Amount of contrast b. Amount of illumination c. Reflection or glare d. Fatigue e. Motivation f. Perception caused by neuro damage g. Tension/anxiety 5. Adaptations to assist visually impaired a. Substitute hearing b. Substitute touch c. Encourage use of what vision remains 1) Sit in front 2) Avoid glare, have enough light 3) Use contrast in posters, etc. a) Orange, yellow, red 4) Use large print d. Braille cards e. Raised surfaces f. Talking books g. Specific verbal instructions h. Cuing (noise) for location in space	Lecture/discussion
3.13.2	Discuss the needs of residents with aphasia and adapt activities for them.	D. Residents with aphasia 1. Definition 2. Types 3. Causes	Lecture/discussion

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 3:
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The emphasis in this unit is on the residents in long term care facilities with whom the activity coordinator will be working. The unit is designed to help the activity coordinator gain a better understanding of the variety of residents, their limitations and capabilities and behaviors related to physical and mental conditions. Reasons for behaviors and theories regarding human growth and development and how people learn will be examined to increase the activity coordinator's ability to work most effectively with all residents in the facility.

OBJECTIVE	CONTENT	METHOD
	4. Adaptations	
	a. Treat as normal intelligence	
	b. Encourage self sufficiency	
	c. Encourage, do not demand speech	
	d. Use flash cards or communication boards	
	e. Ask simple questions	
	f. Encourage reading/writing	
	g. When tired, frustrated, change	
	h. Speak slower, more distinctly	
	i. Communicate in writing if they can read	
	j. Assist others to communicate with them	
	k. Use speech therapist consultant	
3.14 Discuss mental retardation and describe behavior of the mentally retarded.	XIII. Mentally retarded	Classroom activity 3.4 "Questionnaire on Retarded"
	A. Definition (AAMD)	
	1. Low intellectual functioning	
	a. Standardized tests - IQ comparisons	
	1) Stanford-Binet	
	2) Cattell	
	3) Wechsler	
	4) Pea body vocabulary	
	2. Deficiency in adapted behavior	
	a. Children	
	1) Sensory motor skills	
	2) Communication skills (sign language)	
	3) Self-help skills	
	4) Socialization	
	b. Adolescents	
	1) Academic skills--daily life	
	2) Reasoning/judgment - environment	
	3) Social skills	

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OBJECTIVE	CONTENT	METHOD
	c. Adults 1) Vocational responsibility 2) Social responsibility 3. Acquisition during developmental period Appear between prenatal and 18 years	
3.14.1 Explore personal misconceptions of the mentally retarded.	B. Myths and misconceptions of retarded 1. Irrational and uncontrollable 2. Feel sorry for them 3. Dumb, can't learn 4. Funny looking 5. Don't know right from wrong 6. Need to be taken care of always 7. Don't grow up 8. Totally unaware	
3.14.2 Identify causes of MR.	C. Causes 1. Inherited 2. Genetic 3. Infections 4. Trauma/accidents 5. Toxins	
3.14.3 Define the 3 current classifications of MR and how this impacts activity programming.	D. Classifications 1. Mild 2. Moderate 3. Severe/Profound E. Dangers of classification	
3.14.4 Discuss the various characteristics of MR as related to the above classifications.	F. Characteristics of MR 1. Developmental a. Physical skills (motor skills) b. Self care c. Auditory and visual perceptions	Refer to "Therapeutic Recreation and Adapted Physical Activities for Mentally Retarded Individual" by Crawford & Mendell, Prentice-Hall, 1987.

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OBJECTIVE	CONTENT	METHOD
	2. Intellectual	
	a. Verbal communication	
	b. Nonverbal communication	
	1) Writing	
	2) Sign language	
	3) Communication cards	
	4) Computer boards	
	3. Academic	
	4. Learning	Lecture/discussion
	a. Concepts - concrete vs. abstract	
	b. Short attention span	
	c. Concentration	
	d. Memory, mental reviewing, inability to organize material	
	e. Problem solving, preservation	
	f. Generalization and transferance	
	5. Personal/emotional	
	a. Self-esteem (low)	
	b. Anxious/frustrated	
	c. Withdrawn or aggressive	
	d. "Defeat cycle" - fear of failure	
	1) Quit trying	
	2) Give up easily	
	3) Refusal to attend activities	
	6. Social	
	a. Immature social behavior	
	b. Poor social judgment	
	c. Chronological age - adapt activity according to individual	

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OBJECTIVE	CONTENT	METHOD
3.14.5 Determine effective methods of working with the mentally retarded in activity programs.	G. Approaches and adaptations 1. Cannot generalize--all activities should be individualized 2. Structured well organized activities reduce confusion, frustration 3. React best to daily routine 4. Assign achievable tasks--so they can experience success 5. Treat appropriately for developmental stage - chronological age 6. Encourage socially acceptable behavior (important) 7. Encourage development of independent leisure activities 8. Be consistent a. Use Reinforcement for positive behavior and attempt for behavior b. Deal with unacceptable at once 9. Encourage normal social roles 10. Remember: emotional needs same as all 11. Age appropriate materials--not according to mental age	
3.14.6 Investigate methods of assisting retarded to learn new skills/activities.	H. Methods for helping them to learn (These principles apply to all residents) 1. Use step by step approach (task analysis) 2. Help master one step at a time a. Forward chain--sequence taught from first step to last step b. Backward chain--last step of task is first one taught c. Shaping--successive approximations of a response are reinforced	

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OBJECTIVE	CONTENT	METHOD
	d. Modeling--demonstrating each step with client practicing task as modeled 3. Use prompts a. Verbal commands b. Gestures--eye, hand, head, body c. Physical help d. Exaggerated environmental cues 4. Use simple language when instructing 5. Give short instructions 6. Provide repetition 7. "Tell" and then "Do" 8. Keep frustration level low 9. Keep within their attention span. 10. Use adaptive equipment where appropriate	
3.15 Discuss the needs of the resident who is mentally ill.	XIV. Mental illness A. Definition 1. Normal vs. abnormal a. Basic needs of all b. Defense mechanisms c. Personality development 2. Chronic (throughout life) 3. Acute (1 or 2 times only) B. Causes 1. Organic 2. Functional	Lecture/discussion
3.15.1 Examine the various diagnostic groupings and therapeutic activity approaches to utilize with each.	C. Diagnostic groupings (4) 1. Emotional disorders (neurotic) a. Anxiety disorder 1) Generalized and panic attacks 2) Phobic 3) Obsessive compulsive	

ACTIVITY COORDINATOR ORIENTATION COURSE

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OBJECTIVE	CONTENT	METHOD
	b. Therapeutic approaches 1) Increase concentration level a) Graded acts - i.e., 2 steps arts/crafts b) Minimize interaction in games 2) Encourage decision making skills--begin with 2 decisions then increase numbers 3) Regular exercise program (stretch out muscle tension) c. Somatoform Disorders 1) Hypochondriacs 2) Conversion disorders d. Therapeutic approaches 1) Don't focus on disability - adapt activities they want to pursue 2) Encourage to participate 3) Don't offer sympathy 4) Positive reinforcement (praise) e. Dissociative disorders 1) Psychogenetic amnesia 2) Multiple personality 3) Post traumatic stress disorder (PTSD) f. Therapeutic approaches 1) Social interaction with others 2) Venting of feelings--pottery, role playing 3) Sort out feelings 4) Positive reinforcing environment 2. Social disorders (personality disorders) a. Paranoid personality disorder b. Histrionic personality disorder	

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OBJECTIVE	CONTENT	METHOD
	c. Compulsive personality disorder d. Passive Aggressive Personality disorder e. Anti social f. Therapeutic approaches 1) Build trust 2) Set limits on behaviors 3) Involve in cooperative games/tasks 3. Psychotic disorders a. Affective disorders 1) Mania 2) Depression 3) BiPolar disease (manic depressive) b. Therapeutic approaches 1) Structure their time 2) Set limits on behaviors 3) Exercise program 4) Increase appropriate interaction with peers and staff 5) Develop decision making skills c. Schizophrenia and paranoia d. Therapeutic approaches 1) Structure time 2) Build trust relationships 3) Direct questions during periods of delusions a) What are we doing? describe b) Direct back to present 4) Goal oriented activities (i.e., bake cookies, make craft, etc.) 4. Eating disorders a. Anorexia Nervosa b. Bulemia	

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OBJECTIVE	CONTENT	METHOD
	c. Obesity	
	d. Therapeutic approaches	
	1) Self-perception activities (I am Me)	
	2) Social activities with peers and families	
	3) Involve family in practice acts	
	4) Real life goals - awareness - writing	
3.15.2 Describe behaviors that might be seen and approaches/techniques the activity coordinator can utilize for each.	D. Symptoms often seen	Lecture/discussion Handout
	1. Anxiety and frustration	
	2. Inability to cope	
	3. Poor adjustment to stress	
	4. Depression	
	5. Uncooperativeness	
	6. Hostility/antagonism/aggression	
	7. Withdrawal and loneliness	
	8. Paranoia	
	9. Confusion	
	10. Disorientation	
	11. Low self-esteem	
	12. Difficulty forming and maintaining relationships	
	13. Hallucinations, delusions	
	14. Difficulty making decisions	
3.16 Discuss the needs of the resident who suffers from dementia.	XV. Dementias	*Reference: Alzheimer's Disease and Related Disorders Association (ADRDA) for handouts, pamphlets, etc.
	A. Definitions	
	1. Delirium	
	2. Dementia	
	3. Alzheimer's Disease	
	4. Age associated memory impairment (AAMI)	
	5. Depression	

Unit 3: Page 17 The emphasis in this unit is on the residents in long term care facilities with whom the activity coordinator will be working. The unit is designed to help the activity coordinator gain a better understanding of the variety of residents, their limitations and capabilities and behaviors related to physical and mental conditions. Reasons for behaviors and theories regarding human growth and development and how people learn will be examined to increase the activity coordinator's ability to work most effectively with all residents in the facility.

OBJECTIVE	CONTENT	METHOD
	B. Types of dementia 1. Alzheimer's Disease 2. Multi-infarct dementia 3. Parkinson's Disease 4. Huntington's Disease 5. Creutzfeldt-Jakob Disease 6. Pick's Disease	*Alzheimer's Disease and Related Disorders Fact Sheet (An overview of the dementias) Handout ADRDA
	C. Causes of Alzheimer's	
	D. Facts about Alzheimer's E. Diagnosis and treatment of Alzheimer's	*Alzheimer's Disease Statistics (Handout ADRDA)
3.16.1 Describe the 7 stages of dementia and the characteristic behaviors of a resident found in each.	F. 7 stages of dementia (Global Deterioration Scale) 1. Normal - no cognitive decline 2. Forgetfulness 3. Mild cognitive decline (early confusional) 4. Moderate cognitive decline (late confusional)	Refer to GDS handout
3.16.2 Discuss AC approaches/ techniques for working with identified behaviors.	5. Early dementia 6. Middle dementia 7. Late dementia	*See bibliography for ordering materials.
3.16.3 Examine communication techniques to aid the AC in working with residents with dementia.	G. Communication techniques 1. Always identify yourself 2. Use simple sentences 3. Speak slowly and softly 4. Give one direction at a time 5. Ask only one question at a time, wait for an answer 6. Repeat (PRN) phrases exactly 7. Maintain eye contact--face-to-face 8. Move slowly and touch gently	

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Unit 3:
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OBJECTIVE	CONTENT	METHOD
	9. Use facial expressions and hand gestures 10. Respond to the message (including non-verbal) not to the words 11. Watch for signs of restlessness 12. Assist client (PRN) in expressing thoughts	
3.16.4 Identify various interventions that can be used to manage challenging behaviors.	H. Interventions for the management of challenging behaviors 1. Simplify the environment 2. Attempt to identify pattern to reactions displayed 3. Decrease the number of items in front of resident during activities 4. Inform family/caregiver of what to expect from the resident 5. Avoid undue stress or confusion 6. Search for underlying medical problems that may be precipitating abnormal behavior in the resident 7. Maintain the resident's safety and feeling of security (touch, tone of voice) 8. Avoid sensory deprivation or overload--keep in balance! 9. Avoid RO questions--increases resident's irritation 10. Maintain your sense of humor and redirect with a "light touch"	Lecture/discussion
3.16.5 Discuss possible daily activities appropriate for Alzheimer's and dementia residents.	I. Activities and dementia 1. Select appropriate activities/tasks for the resident's level of functioning a. High functioning b. Moderate functioning	Lecture/discussion Homework activity 3.5 "Selecting Activities for Patients with Dementia"

Unit 3: Page 19

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OBJECTIVE	CONTENT	METHOD
	c. Low functioning 2. Activities for the behavioral management of the person with dementia a. Activities of daily living--household tasks b. Exercise and movement c. Cognitive tasks for low functioning 1) Cardsorting 2) Matching 3) Modified trivial pursuit d. Socialization 1) Intergenerational 2) Pets e. Miscellaneous activities and crafts e.g, gardening f. Spiritual/religious activities	
3.16.6 Discuss possible techniques the AC can utilize while conducting Alzheimer's related activities.	3. Activity techniques a. Offer repetitive tasks b. Allow person to do as much as possible c. Provide simple one step directions d. Use exercise to relieve tension and frustration including pacing/wandering e. Plan variety of activities/elements for short attention spans f. Gently redirect g. Involve family in care and activities h. Activities requiring sequencing and problem-solving are possible in high functioning groups	

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OBJECTIVE	CONTENT	METHOD
3.17 Describe the general safety practices for working with residents.	XVI. General safety A. Rationale--rules and regulations 1. Activity equipment can be dangerous 2. Residents need guidance 3. Activity coordinator responsible during activities	Handout on safety for residents
3.17.1 Recognize the procedure for assisting with safe transfer.	B. Assisting with transfers 1. Only assist 2. Follow step-by-step procedure C. Keeping a safe environment 1. Equipment in good repair 2. Electrical appliances grounded 3. Floors free from clutter and moisture 4. Poisons and caustics properly stored 5. Flammable fluids in metal containers 6. Sturdy stable furniture 7. Adequate lighting 8. Avoid harmful fumes	Trainex film on transfers "Check list on transferrring" Activity 3.6
3.17.2 Determine methods to prevent accidents.	D. Prevention of accidents 1. Supervise unsteady residents 2. Provide adequate rest periods 3. Have residents watch for each other 4. Wipe up spilled materials immediately 5. Be aware of residents on special diets 6. Be aware of residents on special medications	Lecture/discussion
3.17.3 Recognize and report any unusual symptoms to nursing staff.	E. Reporting signs and symptoms 1. General rule a. Report any changes you note b. Physical or behavioral	

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OBJECTIVE	CONTENT	METHOD
3.17.4 Recognize the procedures for maneuvering a wheelchair.	F. Wheelchair safety 1. Lock when not moving 2. Put wheelchair against solid structure when leaving resident 3. Keep back or weight of resident towards you on an incline 4. Instruct to sit only when he/she feels chair on back of legs 5. Put footrests up when chair is locked 6. Inform resident before starting--remind to place feet on foot rests 7. Watch elbows/arms in doorways 8. Back through on elevators or in doorways to avoid bumps/bruises	Classroom activity "Wheelchair Rides"
3.18 Discuss common medications and how they impact on activity program.	XVII. Common medications A. Medications for 1. Elderly 2. Mental retardation (M.R.) 3. Mental illness (M.I.) 4. Dementias B. Physiological changes C. Psychological changes D. Risk factors E. Side effects	Refer to pharmacist, RN Activity Sheet 3.7 "Effects Medications Have on Residents"
3.19 Examine rationale of AC being certified in First Aid/CPR.	XVIII. First Aid/CPR certification A. Legal ramifications B. Emergency action C. Steps to achieve First Aid/CPR certification	Lecture/discussion

Unit 4: This unit addresses the activity program. The learner will be exposed to various types of activities appropriate for residents in long term care facilities. Emphasis is placed on the appropriateness and execution of various activities for residents with special problems. Therapeutic modalities, activity adaptations, and activity analysis are discussed. Steps of activity implementation are also defined.

Approx. Teaching Time 16 hours

OBJECTIVE	CONTENT	METHOD
4.0 Review the purpose and goals of the activity program.	I. Purpose and goals of program (review Unit 1) State and Federal regulations	Homework 2.1 (review)
4.1 Discuss the three types of activities offered in a long term care facility.	II. Types of activities offered A. Definitions--goals--rehabilitation 1. Empowerment 2. Maintenance 3. Supportive	F225
4.1.1 List the various categories and benefits of activities.	B. Categories of activities (by types) 1. Empowerment a. Resident council b. Resident committees c. Resident volunteer/service/work d. Creative/expressive 1) Arts and crafts 2) Music 3) Dance 4) Drama 5) Gardening e. Independent activities 2. Maintenance a. Physical b. Mentally stimulating/intellectual 1) Literary 2) Discussion groups c. Social/parties d. Spiritual e. Entertainment/fun f. Intergenerational g. Cultural h. Educational i. Community involvement/outings	

Unit 4: Page 2 This unit addresses the activity program. The learner will be exposed to various types of activities appropriate for residents in long term care facilities. Emphasis is placed on the appropriateness and execution of various activities for residents with special problems. Therapeutic modalities, activity adaptations, and activity analysis are discussed. Steps of activity implementation are also defined.

OBJECTIVE	CONTENT	METHOD
	j. Environmental/aquatics k. Hobbies 3. Supportive a. 1-1 program b. Low functioning 1) Physical 2) Mental c. Therapeutic activities 1) Reality orientation 2) Remotivation 3) Sensory stimulation 4) Validation therapy 5) Reminiscing and life review 6) Pet therapy 7) Horticulture therapy 8) Therapeutic arts (music, dance, art, poetry, drama)	
4.1.2 Identify the different styles that can be utilized in planning activities.	C. Styles of activities 1. Structured vs. unstructured 2. Class vs. drop-in 3. Competitive 4. Special interest 5. Special event	
4.2 Identify what the activity coordinator needs to know to plan the program.	III. Need identification A. Types of residents B. Needs of residents--interdisciplinary plan C. Numbers of residents who need individual or one-to-one programs D. Resources available in facility E. Personnel available and when available F. Accessibility and program barriers	

ACTIVITY COORDINATOR ORIENTATION COURSE

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Page 3 for residents in long term care facilities. Emphasis is placed on the appropriateness and execution of various activities for residents with special problems. Therapeutic modalities, activity adaptations, and activity analysis are discussed. Steps of activity implementation are also defined.

OBJECTIVE	CONTENT	METHOD
4.3 Discuss activities that help residents maintain their self-image.	IV. Activities to promote self-image A. Definition--qualities that make us unique (e.g., attractiveness, neatness, creativity, intelligence, friendliness, etc.) B. Effect of illness and institutionalization on self-image 1. Dependence on others 2. Decrease in space in which to function 3. Loss of control of your life 4. Decline in personal appearance 5. Change in quality of life	Lecture/discussion
	C. Negative effects of activity programs 1. Threatens if it requires people to perform activities they have trouble with 2. Demeaning if activities are childish 3. Frustrating if activities are sexist--older residents may have preconceived ideas about what men and women should do 4. Boring when there is no variety 5. Uninteresting if stereotyped (e.g., this is what nursing home residents do) D. Often men need special encouragement to participate in activities 1. They have not been used to leisure activities 2. May feel typical activities are feminine 3. Activities that may appeal to more men a. Sports, exercises, woodworking b. Volunteer work, leadership roles	Lecture/discussion

Unit 4: This unit addresses the activity program. The learner will be exposed to various types of activities appropriate
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OBJECTIVE	CONTENT	METHOD
4.4 Examine the need and purpose of forming a resident council.	V. Resident council A. Purpose and function 1. Information - communication 2. Input for activities or other resident needs 3. Grievances 4. Planning group(s) 5. Provide services to others a. Welcome committee b. Shop - cart c. Community projects d. Other	
4.4.1 Investigate the facility's responsibilities to a resident's/ family council.	B. Federal regulations 1. Right to organize and participate in resident groups in the facility 2. Private space 3. Staff or visitors must be invited 4. Designated staff-facilitator (AC) a. Respond to request 5. Facility must listen to views and act upon grievances and recommendations of residents regarding policy and operational decisions affecting resident care and life in the facility	
4.4.2 Discuss the various formations of resident councils.	C. Make up of council 1. All residents vs. representatives 2. Election vs. appointment 3. Officers vs. steering committee 4. Duties of members 5. Term of office(s) D. Decision-making process 1. Majority vs. simple majority 2. Quorum	

ACTIVITY COORDINATOR ORIENTATION COURSE

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OBJECTIVE	CONTENT	METHOD
4.4.3 List the items that should be addressed at any/each resident council meeting.	E. Suggested agenda for meetings	
	1. Call to order	
	2. Roll call	
	3. Reading and approval of past minutes	
	4. Guest speakers (if any)	
	5. Committee reports	
	6. Activity input - program and calendar	
	7. Old business and responses	
	8. New business	
	9. Members - general comments and concerns	
	10. Adjournment	
	F. Resident council concerns and responses	
	1. Minutes and response form(s)	
	2. Timelines and appropriateness of responses	
4.5 Describe effective methods to use residents on committees.	VI. Committees	Homework Activity 4.1 Report from student on committee activity in their facility Lecture/discussion
	A. Advantages for residents	
	1. Builds self-esteem	
	2. Gives some control back to resident	
	3. Allows pursuit of special interest	
	4. Assists the coordinator	
	5. Encourages socialization	
	B. Development of committees	
	1. Outline/explain responsibilities	
	2. Orient staff/residents of purpose	
	3. Develop criteria for membership	
	4. Set up meetings, time, place	
	5. Determine length of membership	
	6. Keep committee focusing on positive	
	C. Prevent problems such as	
	1. Change of goals of committee	
	2. Jealousy/competition for membership	
	3. Insecurity of staff as to real purpose	

Unit 4: This unit addresses the activity program. The learner will be exposed to various types of activities appropriate
Page 6 for residents in long term care facilities. Emphasis is placed on the appropriateness and execution of various activities for residents with special problems. Therapeutic modalities, activity adaptations, and activity analysis are discussed. Steps of activity implementation are also defined.

OBJECTIVE	CONTENT	METHOD
	4. Change in physical/mental status of member.	
4.5.1 Give some examples of types of committees that could be formed.	D. Committees 1. Party-promotion, decoration, program 2. Activity advisory committee 3. Greeting committee 4. Coffee break committee 5. Church services committee 6. Film/movie selection committee 7. Family council committees 8. Etc.	
4.6 List some volunteer activities appropriate for residents.	VII. Volunteer activities for residents A. Outside the facility 1. May depend on skills/career before 2. Stuffing envelopes 3. Auxiliary groups 4. League of Women Voters 5. Community health organizations 6. Etc. B. Inside facility 1. Raising flag 2. Setting up for activities 3. Clean-up after activities 4. Hosting/leading activities 5. Changing various bulletin boards 6. Working one-to-one with others 7. Mail call/gardening	
4.7 Explore the benefits of having a well organized craft program.	VIII. Craft programs A. Benefits 1. Physical a. Increase endurance b. Improve coordination	Report from student activity 4.1 Homework activity 4.2

OBJECTIVE	CONTENT	METHOD
	c. Increase strength	
	d. Increase range of motion	
	2. Psychosocial	
	a. Increase self-esteem	
	b. Increase attention span	
	c. Increase alertness	
	d. Increase motivation	
	e. Increase self-expression/creativity	
	B. Benefits of "Therapeutic" Crafts	
	1. Form and line value	
	2. Shape and space	
	3. Texture	
	4. Color	
	5. Complexity	
	6. Purpose, goal, benefit(s)	
4.7.1 List the various craft mediums that can be used in a craft program.	C. Craft mediums	
	1. Fiber and textiles	
	2. Print and printmaking	
	3. Sculptures	
	4. Drawing and painting	
	5. Woods	
	6. Metals	
	7. Leather	
	8. Plastic and synthetics	
	9. Nature	
	10. Other	
	D. Purpose of crafts	
	1. Attractive	
	2. Usable	
	3. Sellable	

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OBJECTIVE	CONTENT	METHOD
4.7.2 Examine the process of selecting appropriate crafts for each resident.	E. Selecting appropriate crafts (activity analysis) 1. Resident's abilities a. Joint motion, body parts necessary b. Strength to do project c. Kind of movement able to do d. Functioning sensory organs e. Mental abilities (directions, memory, etc.) 2. Resident's interests and cultural background 3. Craft requirements a. Joint motion, body parts necessary b. Strength, endurance, coordination c. Length of time to complete d. Mental skills required e. Sensory organs required 4. Use for purpose of object being made	
4.7.3 Identify adaptations in crafts that should be made to meet individual resident needs.	5. Adaptations available/required a. Substitute different body parts, positions b. Break down steps (task analysis) c. Substitute materials (lighter, larger, colors, etc.) d. Substitute adapted equipment (built-up handles, sizes, weight, WC tables, etc.) e. Substitute different methods of execution/performance f. Staff to assist as needed	Lecture/discussion Classroom activity Craft adaptations

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OBJECTIVE	CONTENT	METHOD
4.7.4 List the steps for teaching residents crafts.	F. Teaching crafts 1. Prepare material/work area 2. Break craft into separate steps 3. Have a finished project to show before starting 4. Show resident how to do each step then allow to do 5. Use visual aids to show each step 6. Stress short cuts and safety measures 7. Be encouraging 8. Supervise and make suggestions and appropriate corrections as errors occur 9. Have student repeat verbal directions to reinforce learning if needed 10. Reduce supervision as resident's work improves 11. Let residents familiar with a craft teach it	
4.8 Discuss how music can be used as part of an activity program.	IX. Music A. Benefits of music programs 1. Socialization--sense of unity 2. Emotional/physical stimulation 3. Reinforcement of present 4. Stimulation of memory 5. Relaxation/emotions release 6. Focus attention away from self 7. Self expression/creativeness 8. Group or individual activity	Lecture/discussion Report on how one facility uses music in program (student)
	B. Drawbacks to music programs 1. Some people do not feel comfortable, because they have no sense for it	Students discuss feelings regarding their musical abilities

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OBJECTIVE	CONTENT	METHOD
	2. Music elicits many responses in different people, e.g., excitement, sorrow, etc.	
4.8.1 Determine criteria for selecting music for the program.	C. Selecting the music 1. Qualities to consider a. Tempo b. Rhythm c. Volume d. Complexity 2. Match above to purpose/goals of the activity	Listen to various music Have students determine how it makes them feel
4.8.2 Describe the various uses of music in an activity program.	D. Uses of music 1. Listening/relaxing/appreciation 2. Participant listening a. Related to stories b. Study of history 3. Group singing - holidays especially 4. Playing instruments 5. With other activities, exercises, talent show 6. Soothing/relaxing especially for Alzheimer's	
	E. Listening good in one-to-one activities	
4.9 Discuss the AC's role in assisting residents who desire independent activities.	X. Independent activities A. Types of residents 1. Choose not to leave their rooms 2. Choose not to attend group programs 3. Self-motivated concerning recreational interests B. Responsibilities of the AC 1. Assess interests of all residents who do not attend group programs at least once a week	Lecture/discussion

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Unit 4: This unit addresses the activity program. The learner will be exposed to various types of activities appropriate
Page 11 for residents in long term care facilities. Emphasis is placed on the appropriateness and execution of various activities for residents with special problems. Therapeutic modalities, activity adaptations, and activity analysis are discussed. Steps of activity implementation are also defined.

OBJECTIVE	CONTENT	METHOD
	2. Examine program appropriateness 3. Offer to supply craft items, books, puzzles, etc. once a week 4. Encourage social interaction for residents with like interests 5. Make list of those residents requiring any assistance with their independent activities 6. Document AC involvement on daily attendance. Record and note in progress notes	
4.10 Assess the need for a well organized exercise program.	XI. Exercise programs A. Advantages 1. Preserve muscle tone 2. Maintain good circulation, respirations and other bodily functions 3. Relaxation 4. Socialization	Report from student on a successful exercise program in their facility
4.10.1 List criteria for planning an effective exercise program.	B. Planning the program 1. Level of ability of residents 2. Three levels a. Level one--more physically active b. Level two--residents with limitations c. Level three--room or bed restricted 3. Levels two and three refer to care plan for physician order 4. Use commercial records/tapes to preview for appropriateness 5. Leader present for safety C. Principles for program 1. Not physical therapy/residents move their own limbs 2. Always have warm-up first	Classroom activity 4.3

OBJECTIVE	CONTENT	METHOD
	3. Grade the program--build up ability 4. Rest between exercises 5. Do exercises slowly 6. Observe resident's condition during 7. Have a good balance of exercises 8. Regularly schedule program--daily, every other day 9. Aspects of program to emphasize a. Creativity--self-expression b. Fun-games-dancing-stories c. Socialization, touching, holding hands, ballroom dancing 10. Have leader in strategic position D. Good one-to-one activity	
4.11 Investigate various types of activities that can be mentally stimulating for residents.	XII. Mentally stimulating activities A. Appropriate activities for alert residents 1. Activities that challenge 2. Provide new opportunities for learning a. Educational programs at facility, high school, or community college, senior centers, church b. Outside of facility may add variety stimulation 3. Leadership activities a. Party planning, exercise group b. Newsletter writer, editor c. Teaching other residents craft	Lecture/discussion
4.12 Describe effective uses for discussion groups, including reminiscence groups.	XIII. Discussion groups A. Various types, current event, special interest, reminiscence B. Reminiscence differs from living in the past	Report from student on discussion group they have attended in facility

OBJECTIVE	CONTENT	METHOD
	C. Reminiscence provides self-understanding, self-actualization	
	1. Maintains self-esteem	
	2. Helps cope with depression, personal loss	
	3. Gives chance to verbalize contributions made to society	
	4. Creates alliance within age groups	
	5. Comfortable means of socialization	
	6. Stimulates memory/clarifies memory	
	7. Reduces generation gap	
	D. Characteristics of reminiscing groups	
	1. Story telling, entertaining	
	2. Reviews, refines past accomplishments	
	3. Meet at least weekly	
	4. Use pictures, music, pets, props	
	5. Let residents choose topic	
4.13 Investigate methods to plan an effective party.	XIV. Party planning	Student report on a recent successful party in facility
	A. Proper planning needed	
	1. Involvement of others	
	2. Continuity/flow/timing	
	3. Originality--avoid sameness	
	4. Prevents last minute errors	
	5. Easier, quicker, more fun	
4.13.1 List some advantages of involving residents in planning.	B. Involvement of residents	
	1. Builds interest, ownership	
	2. Builds ego--sense of accomplishment	
	3. Helps assess their interests	
	4. Provides another activity for socialization as they plan	Lecture/discussion
	5. Provides mental stimulation	

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OBJECTIVE	CONTENT	METHOD
4.13.2 Identify the steps to planning a successful party.	C. Steps for planning--use resident committee 1. Theme for party--see season handout 2. Determine best date/time 3. Check with other facility personnel regarding date and time 4. Determine who the party is for/all or part of residents/family/friends--number of people, care levels 5. Make a budget 6. Make a schedule/activities--master of ceremony--entertainment, host, hostess [illegible]st supplies/equipment needed--order 8. Confer with dietary regarding refreshments - coordinate with volunteers 9. Plan decorations 10. Plan publicity, announcements, invitations 11. Plan prizes if needed, set up room, last minute items D. Giving the party 1. Encourage attendance 2. Delegate responsibilities to residents 3. Clean up 4. Evaluation/changes for next time	
4.14 Recognize the need for and the method of developing intergenerational programs.	XV. Intergenerational programming A. Definition 1. Interaction of all age groups 2. Variety of situations 3. Close communication 4. Sharing of feelings and ideas 5. Cooperative activity in meaningful tasks B. Benefits 1. Residents	

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OBJECTIVE	CONTENT	METHOD
	2. Children	
	3. Adolescents	
	4. Young adults	
	5. Older adult/middle years	
	6. Seniors	
	C. Planning the program	
	1. Determine needs and desires of residents/ intergenerational activities	
	2. Determine age group(s) to be involved/ needs and interest	
	3. Identify activity, its goals, objectives, etc.	
	4. Assess capabilities and limitations of all groups	
	5. Examine legalities and liabilities	
	6. Determine finances and fee responsibility	
	7. Arrange appropriate transportation	
	8. Check geographic and environmental factors, accessibility, etc.	
	9. Set date	
	10. Plan schedule of events with input from both groups	
	11. Delegate specific responsibilities to each group	
	12. Educate and orient groups to specific needs of each other	
	13. Executive program, introduce coordinator(s) to all at start	
	14. Evaluate program	
	D. Types of intergenerational activities	
	1. Tutoring--reading, writing, etc.	
	2. Presentations	
	3. Fund raisers	

Unit 4: Page 16 — This unit addresses the activity program. The learner will be exposed to various types of activities appropriate for residents in long term care facilities. Emphasis is placed on the appropriateness and execution of various activities for residents with special problems. Therapeutic modalities, activity adaptations, and activity analysis are discussed. Steps of activity implementation are also defined.

OBJECTIVE	CONTENT	METHOD
	4. Church programs 5. Acquiring scout badges 6. Gardens 7. Parties/celebrations 8. Crafts/cooking, etc. 9. Neighborhood events 10. Etc.	
4.15 Investigate the benefits of community outings and explain how they should be organized.	XVI. Community outings A. Advantages 1. Community contact 2. Community visibility 3. Variety for resident 4. Normalcy/what everyone does B. Disadvantages 1. Costs (food, admission fee)--use personal or activity funds 2. Transportation, use families/volunteers 3. Accessibility	Lecture/discussion Have a student give a short report on a recent outing taken by their facility
	C. Types 1. Social--church, senior citizens, eating out 2. Spectator--theater, athletic events 3. Regular--beauty shop, shopping 4. Participant--sight-seeing, bowling 5. All others that would be normal for them to do if own home 6. One-to-one with volunteers	Lecture/discussion
4.15.1 Anticipate the types of problems that might occur on outings.	D. Outings - Extras in organization 1. Change of clothes 2. Extra adult depends/"Wet ones" 3. Emergency information/numbers a. Nearest medical facility, location	

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OBJECTIVE	CONTENT	METHOD
	4. Facility policy regarding trips/emergencies 5. DNR status of residents 6. First aid certification/CPR 7. Medications--appropriate personnel 8. Plastic bags/garbage bags 9. Method of communication (emergency) 10. Allergies/medication reactions regarding outdoors/sun, etc. 11. List of all persons on trip 12. Extra water/cups 13. Food supplies - proper storage 14. Name tags for persons and possessions (WC's, pads, etc.) 15. Accessibility barriers 16. Map of area 17. Proper attire for all-weather 18. Extra money 19. Special diets/assistance required 20. Resident/staff-volunteer ratio 21. Doctor's orders--restricting outings? 22. Don't forget the camera and film 23. Fishing License a. Iowa Conservation Commission application - special resident, fishing license for severely handicapped	
4.16 Recognize the need for and the method of developing one-to-one activities.	XVII. One-to-one activities A. Definition B. Types of residents who benefit 1. Bed or roomfast residents 2. Shy, withdrawn residents 3. Uninterested, residents	Lecture/discussion Report of student who has been working on a one-to-one

Unit 4: Page 18 This unit addresses the activity program. The learner will be exposed to various types of activities appropriate for residents in long term care facilities. Emphasis is placed on the appropriateness and execution of various activities for residents with special problems. Therapeutic modalities, activity adaptations, and activity analysis are discussed. Steps of activity implementation are also defined.

OBJECTIVE	CONTENT	METHOD
	4. Persons with severe communication problems 5. Uncooperative residents or those who disrupt groups	
4.16.1 Identify personnel involved in delivering a one-to-one program.	C. Personnel 1. Activity staff 2. Family member 3. Friend 4. Staff member 5. Volunteer(s)	
4.16.2 List the steps for establishing one-to-one activities.	D. Steps for one-to-one (1-1) 1. Assessment--identify needs 2. Care plan a. Identify goal(s) of tasks in 1-1 program and frequency of visits 1) minimum 1 x week b. Identify specific approaches and personnel 3. Implementation a. Devise specific schedule of times, variety of activities and personnel b. Prepare comprehensive, portable activity kit for each resident 1) Variety allows you to meet daily status/desires of resident 2) Adapted supplies/equipment c. Review schedule regularly to ensure it is followed d. Document each visit--date, time, resident response to activity 4. Evaluate 1-1 program and activities periodically each quarter	

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OBJECTIVE	CONTENT	METHOD
4.16.3 Anticipate the types of problems that might occur with one-to-ones and observe for their occurrence.	E. Problem areas 1. Time for everyone/use volunteers 2. Lower ability residents can be frustrating, progress is slow 3. Avoid "visiting" stick to the goals 4. Resident may prefer to socializing with others--move into group 5. Jealousy of residents not receiving	
4.16.4 List the types of activities that can be used.	F. Types of activities 1. Most all previously discussed 2. Select one that will meet needs 3. For low level functioning a. Sensory stimulating--touch, smell, talking, environmental stimulation 4. Reality orientation 5. Growing plants, reading, letter writing, simple games, discussion, music 6. Develop relative to goals for each resident	
4.17 Explore factors that effect a resident's motivation to participate in an activity program.	XVIII. Resident motivation and participation A. Definition - force from within a person, cannot be provided by someone else. Based on desire to fulfill own needs. (need-drive-goal) B. Factors that affect motivation 1. Needs (Maslow) 2. Myths and misconceptions 3. Basic losses (contribute to lack of fulfillment) a. Identity b. Independence c. Life purpose	Lecture/discussion

OBJECTIVE	CONTENT	METHOD
	d. Meaningful interpersonal relationships	
	e. Privacy	
	4. Fears	
	a. Death	
	b. Uselessness	
	c. Loneliness	
	5. A.C. attitudes and approaches	
	6. External forces	
	C. Factors that influence participation	
	1. Interests/desires of residents	
	2. Internal factors	
	a. Contribute to self-esteem	
	b. Achievement	
	c. Success	
	d. Responsibility	
	e. Status faction	
	3. Adaptation to meet special needs	
	4. Time frame of activities	
	5. Publicity	
	D. Positive ways to affect motivation	
	1. Make first contacts count	
	2. Respect personal dignity	
	3. Inspire respect	
	4. Make haste slowly	
	5. Match activity to individual needs and physical/mental condition(s)	
4.17.1 Identify the A.C.'s role with regard to working with a resident who refuses to participate in activities.	E. Refusal to participate	
	1. Resident right	
	2. A.C. responsibility	
	a. Reassess needs of resident	
	b. Re-examine calendar	
	c. Offer assistance/support with any independent activities	

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Page 21 for residents in long term care facilities. Emphasis is placed on the appropriateness and execution of various activities for residents with special problems. Therapeutic modalities, activity adaptations, and activity analysis are discussed. Steps of activity implementation are also defined.

OBJECTIVE	CONTENT	METHOD
	d. 1xwk. contact with resident	
	e. Document resident's wishes	
	1) Assessment	
	2) Progress notes	
	3) Daily attendance records	
4.18 Identify specific activities that are used therapeutically with residents to effect a positive change.	XIX. Therapeutic activities	
	A. Reality orientation (RO)	
4.18.1 Discuss the use of reality orientation.	1. Definition	
	2. Purpose - utilized with residents with disorientation problems on 1-1 basis or in small groups	
	3. Steps	
	a. Welcome--greet each resident	
	b. Ask residents first and last names, help, reinforce	
	c. Ask each where they are at	
	d. Community?	
	e. Year?	
	f. Date?	
	g. Yesterday was?	
	h. Today is?	
	i. The weather is?	
	j. Next holiday?	
	k. Therapist's name?	
	4. Helpful hints	
	a. Use RO board, pictures, props, games	
	b. Hold class daily in AM	
	c. Use semi-circle arrangement	
	d. Conduct class in a quiet room	
	e. Use touch, eye contact and praise during session	
	f. Be patient not patronizing	

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OBJECTIVE	CONTENT	METHOD
	5. Where to use RO	
	a. Reversible delirium, dementias	
	b. Forgetful - short term periods	
	c. Morbid fantasies - upsetting, stressful	
	d. Is not appropriate for Alzheimer's	
4.18.2 Discuss the use of remotivation.	B. Remotivation	
	1. Definition	
	2. Purpose--stimulate thinking, create outside interests and provide group interaction	
	3. The five step technique	
	a. Climate of acceptance	
	b. Bridge to reality	
	c. World we live in	
	d. Work of the world	
	e. Climate of appreciation	
	4. Helpful hints	
	a. Group of 8-15 residents	
	b. Use poems, pictures, songs, props	
	c. Prepare "folder" on each topic	
	1) Use materials	
	2) Cue cards	
	3) Questions	
4.18.3 Discuss the use of sensory stimulation.	C. Sensory stimulation	
	1. Definition	
	2. Purpose--use of senses to orient person to environment	
	3. Prepare sensory stimulation cart/box with a variety of objects, etc.	
	a. Touch	
	b. Sight	
	c. Smell	

OBJECTIVE	CONTENT	METHOD
	d. Hear e. Taste 4. Helpful hints a. Use items appropriate to age groups (long term recall to associate with) b. Keep in mind physical/mental abilities/ limitations of residents (i.e., poor circulation, poor touch)	
4.18.4 Discuss the use of validation therapy.	D. Validation therapy 1. Definition 2. Purpose--utilize empathy to "tune into" the confused resident. Listen to what the person is feeling, then acknowledge and accept 3. Technique a. Help person put his/her feelings into words b. Help resolve past and justify past roles c. Listen carefully--feelings may be expressed through fantasy d. Accept resident's decision to live in the past e. Observe "hyms", non-verbal communications for feelings f. Treat in age appropriate, responsible manner g. Remember importance of a smile and friendly tone of voice	
4.18.5 Discuss the use of life review.	E. Life review (reminiscing covered in group discussion) 1. Definition 2. Purpose--validate past life experiences	

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OBJECTIVE	CONTENT	METHOD
	3. Procedures a. 5-10 residents in group, or 1-1 basis b. Meet 2xweek, 1/2 hr-hr length c. Each session reviews a specific time of resident's life - person, event or era d. Identify positive features of recalled experience e. Present event in chronological sequence - begin with childhood experiences and end with present time	
4.18.6 Identify the requirements of a pet therapy program.	F. Pet therapy 1. State regulations 2. Record keeping a. Letter of request to Department of Health b. Department's response--permission granted c. Facility policy and procedures regarding pet therapy d. Veterinary checkups and vaccination records e. List of all residents who will not have contact with pets (choice, health, etc.) 3. Program concerns a. Animal traits b. Sanitation, infection control c. Rest breaks for pet d. Care, feeding, etc. for pet e. Cost	
4.18.7 Investigate the possible year round opportunities involving horticulture therapy.	G. Horticulture therapy 1. Definition 2. Purposes	

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OBJECTIVE	CONTENT	METHOD
	3. Supplies and equipment 4. Year round vs. seasonal 5. Adaptive equipment 6. Related horticulture activities a. Arts and crafts b. Cooking and baking c. Environmental awareness d. Garden clubs e. Other	
4.18.8 Describe how arts can be used therapeutically to benefit the resident.	H. Therapeutic arts 1. Dance a. Benefits 1) Exercise 2) Creative expression 3) Tension/stress reliever 4) Coordination, balance, ROM 5) Social interaction b. Adapted to wheelchair c. Adapted for most special needs 2. Art a. Benefits 1) Creative expression 2) Release of feelings/emotions b. Use for anger therapy c. Use to relate hidden feelings (sexual abuse, etc.) 3. Poetry/drama a. Benefits 1) Creative expression 2) Release feelings/emotions b. Use with withdrawn, shy	

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OBJECTIVE	CONTENT	METHOD
4.19 Explore the options available to the AC in adapting activities to meet the specific needs of individual residents.	XX. Adapting activities	
	A. Four rules of adapting	
	1. To allow participation	
	2. Adaptations should not "stick out"	
	3. Adapt only to the amount needed for equal involvement (do not stack deck)	
	4. Consider adaptation "temporary"	
	B. Assess resident to determine what adaptations are needed	
	C. Adaptations	
	1. Positioning of resident--substitute different body positions (stand, lay, etc.)	
	2. Alter movements--substitute new or different methods to perform the activity	
	a. Slower for faster	
	1) Walk vs. run	
	2) Crawl, roll, etc.	
	b. Substitute body parts	
	1) hand vs. mouth/foot/head	
	3. Positioning of equipment	
	a. Vise or clamp to stabilize materials	
	4. Adapting tools and equipment	
	a. Built up handles - grip	
	b. Contrast colors - vision	
	c. Specifically designed tools	
	1) Brad pusher (1 hand hammer)	
	2) Embroidery hoop clamp	
	3) Bowling ramps	
	4) Etc.	
	5. Adapting supplies	
	a. Size	
	b. Shape	

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OBJECTIVE	CONTENT	METHOD
	c. Weight/density d. Color e. Etc. 6. Adapting the environment a. Extraneous noises, sounds b. Lighting c. Accessibility architecturally 1) Steps 2) Doorways 3) Tables (height) 4) Chairs (armrests) 5) Inclines 6) Phones 7) Cabinets 8) Toilets 9) Parking lots 10) Curbs 11) Etc. 7. Use of aids (prosthetics/orthotics) 8. Change parameters/demands of the activity a. Shorten distances, length b. Modifying rules	
4.20 Determine the process of breaking down an activity into all of its component parts to enable the AC to appropriately match resident needs and abilities with activity requirements.	XXI. Activity analysis A. Definition--break down of activity B. Purpose--to match resident capabilities with activity requirements through assessment and adaptation C. Component of analysis--review requirements for activity and abilities of resident 1. Positioning/location required 2. Complexity--repetitive vs. complicated, supervision required	

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Unit 4: Page 28

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OBJECTIVE	CONTENT	METHOD
	3. Physical limitations - energy needed, functional limbs, sensory organs, etc. 4. Duration--time and frequency 5. Expenditure--costs, materials available 6. Mental/social limitations--concentration, attention span, interactions with others, etc. 7. Sexual identification - suitable for men, women, both 8. Adaptations possible	
4.21 Discuss other restorative programs and their impact on the resident.	XXII. Restorative programs A. PT 1. Definition 2. Purpose - restore to functional level 3. Focuses on physical gross motor movements a. Walking b. Transferring c. Adaptive mobility aids (crutches, WC, cane, etc.) d. Use of extremities B. OT 1. Definition 2. Purpose - restore to functional level 3. Focuses on physical fine motor movements a. ADL's 1) Grooming 2) Feeding 3) Dressing b. Hand/eye coordination 1) Occupational skills 2) Crafts	

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OBJECTIVE	CONTENT	METHOD
4.22 List the steps for implementing an activity.	XXIII. Activity implementation A. The steps of carrying out an activity 1. Determine resident's desire 2. Determine activity and goals 3. Set date, time and location a. Discuss with administrator and other involved departments 4. Assign appropriate personnel a. Staff b. Volunteers c. Ratio to residents 5. Communicate activity requirements to personnel 6. Make list of supplies, materials, food, equipment, audio visual needs, etc. 7. Arrange for transportation 8. Make budget 9. Make facility/area arrangements 10. List preparations--prior to activity 11. Determine schedule of events day of activity 12. Advertise activity a. Flyers/posters b. Newsletters c. Media d. Bulletin boards e. Invitations 13. Provide dietary list ASAP 14. Set up for activity 15. Lead activity 16. Thank all helpers, aides, etc. 17. Clean up	

ACTIVITY COORDINATOR ORIENTATION COURSE

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OBJECTIVE	CONTENT	METHOD
	18. Thank you notes (PRN)	
	19. Evaluate program--resident and staff input	
4.23 Examine the various audio visual equipment available to the AC.	XXIV. Audio Visual resources	
	A. Purpose of audio visual in activities	
	B. Resources	
	1. Libraries	
	2. Film clearinghouses	
	3. Video retail/rental stores	
	4. Universities	
	5. Extension clubs	
	6. Travel agencies	
	7. Other - schools, area agencies on education	
	C. Common AV equipment	
	1. 16 mm film projector	
	2. Video records	
	3. Video player	
	4. Film strip	
	5. Audio cassette player	
	6. Stereo/phonograph	
	7. Overhead projector	
	8. Slide projector - carousel and bar	
	9. Flip chart	
	D. Helpful hints	
	1. Check out condition of equipment prior to use	
	2. Have spare bulbs, extension cords, 3 prong adaptors, reels, tapes, etc.	
	3. Check for best viewing positions	
	4. Determine clarity of vision	
	5. Have substitute method in mind in case of breakdown	
	6. Know where to get backup equipment	

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OBJECTIVE	CONTENT	METHOD
	7. Tape loose extension cords to floor - avoid falls 8. For TV/VCR a. Know channel tape works on b. Adjust volume c. Be sure VCR can be hooked up to the available TV 9. Film projector a. Can you splice a broken tape? b. Are you able to manually load an automatic projector? c. "Frame focus" when tape "stutters" 10. Slide shows--insert slides correctly 11. Film strips a. Is strip rewound b. Inserted correctly c. Synchronized with audio tape?	
4.24 Determine appropriate equipment and supplies needed for a quality activity program.	XXV. Equipment and supplies A. State regulations 1. Types suggested 2. Safety - toxics, sharps, flammable a. Storage B. Organization 1. Boxes, cupboards, bags 2. Labeled 3. Storage a. Neat and clean b. Sanitation c. Infection control d. Rodent control e. Safety - fire doors (PRN) f. Food supplies - labeled, dated	

ACTIVITY COORDINATOR ORIENTATION COURSE

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OBJECTIVE	CONTENT	METHOD
	C. Equipment 1. Inservice personnel to usage/operation 2. Preventive maintenance a. Examine condition prior to each use b. Cleaning schedule D. Based on resident interests/needs E. Adaptive equipment and catalogs F. Cost containment 1. Make 2. Donations 3. Comparison shopping a. Catalogs b. Stores G. Inventory	
4.25 Examine the environmental conditions that must be monitored by the AC for successful activity implementation.	XXVI. Environmental conditions A. Safety B. Ventilation C. Lighting D. Temperature E. Accessibility F. Room size vs. number of participants G. External stimuli 1. Noise 2. Competing activities 3. Atmosphere 4. Interior decorations/furnishings 5. Smells/odors 6. Availability of toilets 7. Prizes 8. Refreshments	Lecture/discussion
4.26 Review the federal regulations for quality assurance committee.	XXVII. Federal regulations	HICFA Regulations Handout

ACTIVITY COORDINATOR ORIENTATION COURSE

Unit 4:
Page 33

This unit addresses the activity program. The learner will be exposed to various types of activities appropriate for residents in long term care facilities. Emphasis is placed on the appropriateness and execution of various activities for residents with special problems. Therapeutic modalities, activity adaptations, and activity analysis are discussed. Steps of activity implementation are also defined.

OBJECTIVE	CONTENT	METHOD
4.27 Discuss the importance of evaluating the activity.	XXVIII. Evaluating activities A. Did activity meet the needs/interests of the residents? Did they enjoy it? B. Did resident participate to fullest potential? C. Was leader well prepared? D. Was leadership appropriate to residents? E. Was facility/area adequate? F. Were equipment and supplies adequate? G. Was time sufficient? H. Positives/negatives of activity? I. Things to change in future?	Handout "Evaluating Activity Programs"

ACTIVITY COORDINATOR ORIENTATION COURSE

Activity 1.1

Objectives for the Project:

1. Assess the residents needs within the facility in which you work and determine the type of new program or the revision of an old program that would be beneficial for the residents in the facility.
2. Make a step-by-step plan to develop or revise the selected program.
3. Describe your position within the facility (full-time or volunteer) and explain why the project fits your job description.
4. Share your project with others in the class by preparing a written report and giving an oral report on the project.

Selection of the Project:

Select a project that:

1. Is interesting to you.
2. Helps you learn a new skill (use the project to increase your abilities)
3. Is compatible with your job in the facility.
4. Will be an ongoing regular event for the residents in the facility
5. You can easily show how the project will meet some important needs within the facility.

Examples of projects you might select:

1. Set up and carry out a volunteer program, develop the job description, explain how you will recruit, develop an orientation, training program and method for special recognition of the work they do.
2. Develop an inservice activity for the staff.
3. Plan a regularly scheduled program such as an exercise program, a remotivational program or reality orientation group.
4. Organize an on-going special interest group such as a reading club, adult education class, etc.
5. Plan for and carry out a special event such a monthly birthday parties, family nights, trips, etc. (This is probably more important for volunteers).

Project Schedule:

1. Select two potential projects by the second class session, submitting a brief explanation of each, in writing, to the instructor. Instructor will have final approval.
2. If for some reason you want to change your project after this session, you must get the new project approved by the instructor.
3. By the fifth session, submit an outline of the project to the instructor. (See below.) Make a copy of the outline for yourself.
4. Make an appointment to meet with the instructor individually to go over the project.
5. Make the changes you and the instructor agree on by the sixth class period.
6. Write the final report and turn it in the 8th class session, upon completion of your oral report.

Suggested Outline Format:

- I. Introduction
  - A. Project name and description
  - B. Goals that project will meet
    - 1.
    - 2.
    - Etc.
- II. Resources that will be needed to initiate the project
  - A. Staff, volunteers, residents, etc.
  - B. Facilities, areas, rooms, etc.
  - C. Equipment and costs
  - D. Supplies and costs
  - E. Other: transportation, etc.
- III. Plan to initiate the program
  - A. Administrative and department approvals
  - B. Outline of advance preparations
  - C. Outline of schedule for day of event
  - D. Alternative/backup plan
- IV. Evaluation of the project
  - A. Evaluation questionnaire (minimum of 7 questions, pertinent to project)
  - B.

Suggested Format for Written and Oral Report

1. Description of the project, what it is, how it meets the organizational goals, how it compliments your job.
2. List persons and other resources you used to assess the project needs, plan the project, and implement the project.
3. Describe how the project will be/was implemented, residents that will be/were selected to participate, why they will be/were selected, the expected results of the project, and changes that will be made to improve the activity.
4. Summarize by describing what you have learned from the project, what changes you would make next time. Make a copy, PRIOR to handing in, NOTHING WILL BE RETURNED.

Evaluation of the Project

1. The student must be able to implement the project in the facility in which they work.
2. The project must represent an entirely new type of activity, or the revisions that are made must clearly make the project different.
3. The project must be complete and reflect the capabilities of the student.
4. The project must be turned in on time, no later than the date of the final class. If an extension is approved, the project must be turned in within thirty days of the last class. You must get the extension from the instructor BEFORE the final class.

Class Activity 1.2

PATIENT/RESIDENT RIGHTS

Objective: Review some situations that have implications for resident rights and describe how the situations affect resident rights.

Directions: Divide the class into dyads or tryads. Assign a different situation to each group. Instruct the small groups to discuss the situation and determine if the patient/residents rights have been violated, how they have been violated and what could have been said or done to protect the rights.

Give the groups 15-20 minutes to discuss the situation, then have them report findings to the class.

A. Two nursing assistants are in a crowded lobby on the way to the employees' break area for coffee. Jane says, "Oh Sandy, you should have heard what that cute Mrs. Maple said this morning. She told Bill that if she was five years younger, she could show him a thing or two. Considering the advanced state of her Chronic Organic brain disease, it is amazing that she could say that."

B. Mrs. Elm gets a bit anxious during the hour preceding dinner. If someone spends five or ten minutes walking and talking with her, she usually calms down. A new staff member, who noticed that she was walking into unsupervised areas of the nursing unit, decided to have her sit in a geriatric wheelchair with the tray in place until dinner was served.

C. Gail told Mr. Pine that she would put his letter into an envelope and mail it for him. However, when Gail looked at the letter, she say that it rambled and made no sense, so she threw it away.

D. Mrs. Sequoia is a fairly alert lady with an extremely difficult personality. She wants a great deal of information about any medication she takes, but explaining the medication is a time-consuming problem for the nurse. The nurses found that a simple solution is to put the medication into Mrs. Sequoia's apple sauce to avoid the time-consuming questions.

E. Mrs. Redwood seems to worry constantly about money and wants to know how much she has in her trust account and how much she is paying for services and care. It was decided that a simple response was to say that it is against the rules for anyone by the finance office manager to tell her information. He is a very busy man with limited time for such things, so she can see him only once a month or so.

F. Mrs. Apple is mentally impaired and quite passively accepts care and direction. When she is wet, the staff will often put a new diaper on her while in the dayroom as she is so heavy to move back and forth to her room.

G. Shortly after her stroke, Mrs. Palm's doctor had her assessed by a physical therapist and an occupational therapist. She become involved in rehabilitation programs and at the end of the month received a bill for these services. She had not realized that there would be a separate bill for these therapies and that these were not a part of the regularly provided services of the nursing home.

H. Mr. Oak's old friend and past neighbor comes to visit occasionally. After each visit, she stops at the nurses' desk to get first-hand reports from the nurse about how Mr. Oak is doing. To save time, the nurse gives her the chart to read so that she can finish taking care of doctor's orders.

I. Mrs. Birch went to visit her husband at Cloud Nine Nursing Home and found that he was not in his room, and his name was no longer on the door. After a period of confusion and panic (by the nurses), one of the aides reported that Mr. Birch had been moved to the other wing where he would receive more supervision.

J. Because Mrs. Pear is aphasic, the activity director doesn't bother to ask her if she would like to join an activity; she just brings her along because she figured it would get her out of her room.

ACTIVITY COORDINATOR ORIENTATION COURSE

Homework Activity 1.3

JOB DESCRIPTION

Objective: Review job descriptions for activity coordinators and identify the necessary components of the job description.

Directions: Obtain and activity coordinator's job description for the facility in which you work, read it carefully and answer the following questions. Bring your answers to class and be prepared to discuss them with the class.

What are the qualifications for the job? Educational preparation? Past work experience?

What are the requirements for continuing in the job? Continuing education? Inservice?

What tasks are done routinely by the activity coordinator in your facility?

What tasks are done periodically?

To whom does the activity coordinator report?

How does one know if the activity coordinator is doing their job?

To whom is the activity coordinator responsible. What are the responsibilities to the resident? The resident's family? Others on the care team? To whom else are they responsible?

ACTIVITY COORDINATOR ORIENTATION COURSE

Homework Activity 1.4

CONSULTANTS

Objective: Describe the role of consultants and explain how they can assist the activity coordinator in developing more effective programs.

Directions: This project may be assigned to each student or to one or more students to complete and report on in class. Select a resident in the facility in which you are working that has been seen by a consultant (any of those discussed in class) and complete the following information regarding the contributions made by the consultant.

Why was the resident referred to a consultant?

How did the problem for which the resident was referred interfere with the daily living activities of the resident? Did it also have some affect on his/her participation in the activity program?

What recommendations were made by the consultant?

Why did the consultant make these recommendations?

When the suggestions were implemented, what affect did they have on the resident's performance?

Why?

When and how would you use the services of this consultant again?

ACTIVITY COORDINATOR ORIENTATION COURSE

Homework Activity 1.5

PROGRAM EVALUATION

Objective: Interview the facility personnel regarding feelings about the activity program.

Directions: Make an appointment with: 1) the Director of Nurses, and 2) the facility administrator in the facility in which you work. Explain to them that you want to interview them for a class project regarding their perceptions about the activity program; what the goals for the program should be and how what they feel the residents should be getting from the program. Use the following questions as a guide for the interview; record the answers below and be prepared to discuss them in class.

Director of Nurses Responses

How do you feel the activity program benefits the residents?

What should the goals of the activity program be for the types of residents in this facility?

What types of activities do you believe will be help us reach these goals?

Facility Administrator

How would you describe the current activity program? Why do you feel the facility needs an activity program?

What goals and projects do you feel are the most important ones for the program?

Other comments!

ACTIVITY COORDINATOR ORIENTATION COURSE

Homework Activity 2.1

ACTIVITY PROGRAM GOALS

Objective: Review and revise the activity program goals in your facility.

List the general goals in the facility in which you work.

Which of these general goals relate to the activity program?

If there are already goals for the activity program, list them below. Compare the program goals with the facility general goals. If there are not activity program goals, make a list of general things the activity program could do to achieve the institutional goals.

Review the activities above or the activity program goals from your facility and revise them to meet the following criteria.

1. General in terms of what is to be achieved.
2. Written in behavioral terms or so one can see whether the goal has been achieved.
3. Compatible and complimentary to the overall institutional goals.
4. Written in terms of the residents. E.G., encourage residents to more clearly express themselves by interacting with others in the group.

Write and revise two general program goals and submit to your instructor for critique.

1.

2.

Classroom Activity 2.2

DECISION MAKING

Objective: Describe the decision-making process of a fairly typical day for an activity coordinator.

Materials needed: Envelopes with seven pieces of paper with each of the following tasks written on one slip of paper.

1. Volunteer waiting to see you.
2. Activity room not ready for afternoon activity.
3. Administrator has left a message for you to report to his/her office.
4. Kitchen has called to say they have no cookies ready for scheduled activity.
5. One volunteer is very upset over restraints used on a resident and wants to discuss it.
6. All of the residents are still in their rooms.
7. John, a resident, has asked you to come to his room and discuss his care.

Group Directions: "You are an activity coordinator in a care facility. You have an activity scheduled for 1:30 p.m. You arrive at work 15 minutes late 1:45 p.m. As you enter you find there are seven things wrong that need to be done. These are written on the slips of paper in your envelope. As a group, determine what you will do first, second, etc."

Directions: Divide the group into triads. Have them select a reporter. Set the situation for the entire group, then give each triad an envelope with seven slips of paper; each slip of paper will have a task that needs to be done by the coordinator. The triads should read and discuss each task on the papers, then put them in the order in which they feel the tasks should be done. Assure the groups there is no right or wrong order. Give the triads 20 minutes, then ask the reporter to list the tasks in the order the group agreed they should be done.

Follow with a general discussion. A suggested solution might be: Greet volunteers and if they are well oriented, ask them to start setting up activity room and getting residents up. Either have a volunteer go to the store for cookies or call the kitchen for a substitute. Call administrator and ask to see him/her in 20 minutes. Have nursing staff explain to volunteer about restraints, etc.

ACTIVITY COORDINATOR ORIENTATION COURSE

Homework Activity 2.3

DELEGATING RESPONSIBILITY

Objective: Analyze the tasks of the activity department and determine which ones can be delegates and to whom they should be delegated.

Directions: Make a list of the tasks that you must do this week/next week. (If you are not working, talk to a student who is and ask them to share their list of tasks.) Every student should then work alone and list the task, determine which you should do yourself, which you can delegate and to whom you can delegate the task.

Task	Who Will Do The Task	Why

ACTIVITY COORDINATOR ORIENTATION COURSE

Homework Activity 2.4

MONTHLY CALENDAR

Objective: Review the monthly activity calendar in your facility and determine how the scheduled activities meet the total program objectives.

If your facility has a monthly activity calendar, use it to complete the attached calendar or attach a copy of it to the homework activity.

List the various types of activities that have been scheduled for the month.

Take the objectives listed in the 2.1 homework activity assignment and describe how the scheduled activities help meet these general program goals.

Are the scheduled activities of the right type, kind to meet the goals?

If no, what other activities might be scheduled to better meet the goals? When should they be scheduled?

Submit the assignment to your instructor for critique.

COMMUNICATIONS

Objective: Identify the various aspects of successful communications: verbal, nonverbal, listening, and questioning.

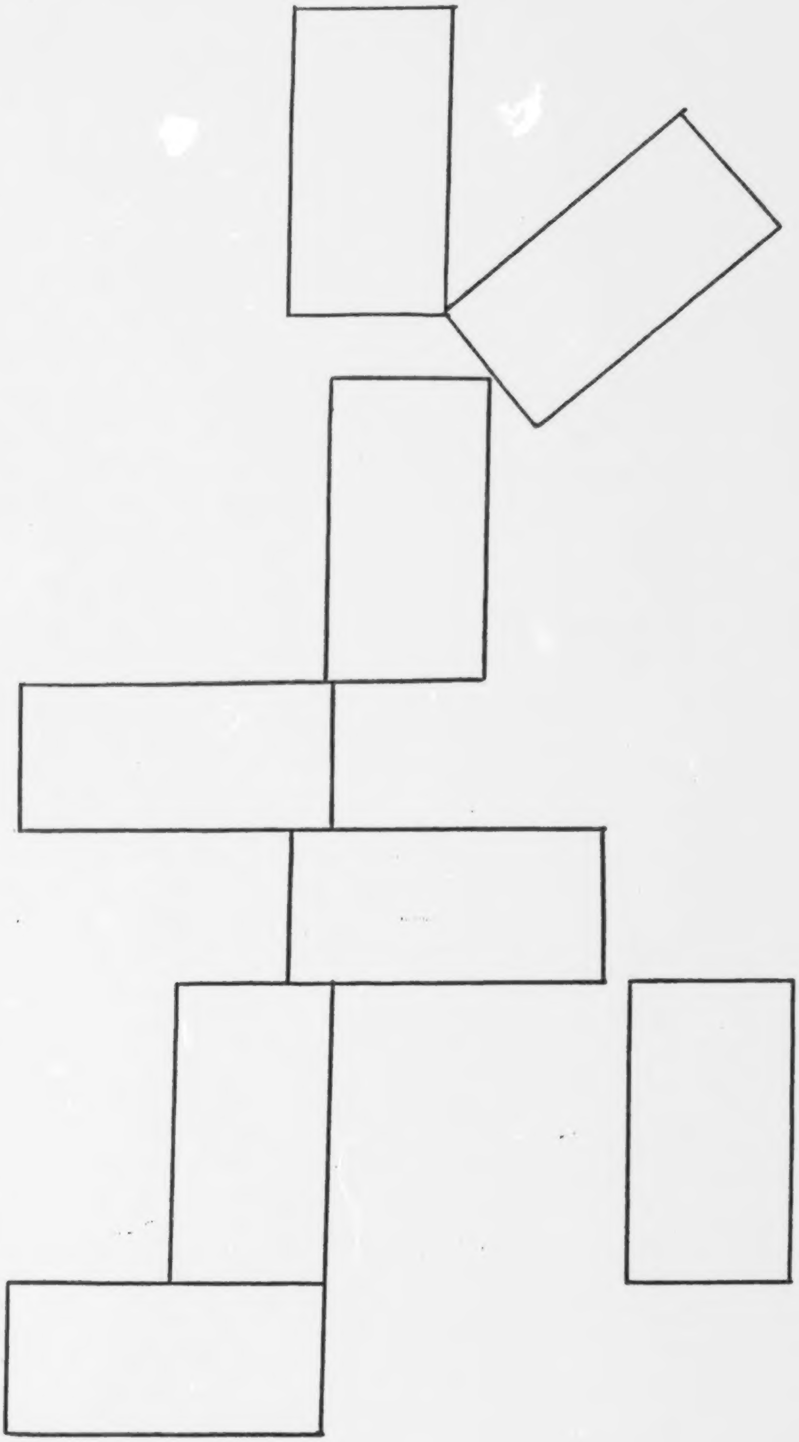
Purpose of Activity: Dominos is an activity designed to demonstrate that communication is a two-way process which includes the active participation of the sender and the receiver. It helps students see that they need to actively involve whomever they are communicating with, that there must be opportunities to ask questions and clarify instructions.

Equipment: Enough portable chairs for all participants. The chairs will be arranged in groups of threes, two will be placed back to back and the third in a position to observe the two other participants. One person needs a clean sheet of paper and a book, magazine wo write on, as well as a pencil. You will also need one copy of the domino design for each group of triads.

Directions: Divide the group into triads. Each group will select a person to act as the activity coordinator (communication sender), one to act as the volunteer (receiver), and one to observe. The activity coordinator and volunteer are placed in the chairs that are back to back, the observer in the chair facing these two. The person acting as the volunteer is to have a clean sheet of paper and pencil. After all are situated, give the person acting as the activity coordinator the domino design. Instruct the whole group: the activity coordinator is to describe the design to the volunteer and the volunteer is to reproduce the design on the paper. The only person who can talk is the activity coordinator. The observer and the volunteer may not talk once the domino sheet has been distributed.

Follow up discussion: After all triads have completed the project, let each person describe their feelings about the communication role they were playing. Emphasize the need for nonverbal communications, the opportunity to ask questions, and clarify as communication proceeds.

DOMINO PATTERN SHEET



ACTIVITY COORDINATOR ORIENTATION COURSE

Classroom Activity 2.6
Page 1 of 2

COMMUNICATIONS

Listening Quiz

The following checklist, while by no means complete, can help you evaluate your listening powers. Try to answer honestly.

	Yes	No
1. When an individual is speaking to you, do you face him/her to make sure you can hear him/her?		
2. Do you watch the speaker closely such as observing actions and gestures as well as listen to him/her?		
3. Do you rely on your first impression in deciding whether or not he/she is worth hearing?		
4. Do you probe for ideas as well as words?		
5. Are you aware of your own prejudices and able to make allowances for it?		
6. Do you interrupt if you hear a statement you believe to be wrong?		
7. Do you make sure, before answering, that you completely understand the other person's point of view?		
8. Do you try to have the last word?		
9. Do you try to evaluate the logic and credibility of what you hear?		
10. Do you use your friends as sounding boards for your own opinions?		

This will be discussed in class during listening materials.
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Questions 1, 2, 4, 5, 7, 9 should be answered YES.

Take 10 off for each one you missed and subtract total missed from 100. Check your total score against code:

80 - 100	Excellent
60 - 79	Good, but could improve
40 - 59	Poor
0 - 39	Need we say more

Homework Activity 2.7
Page 1 of 3 pages

ASSESSING RESIDENTS ACTIVITY NEEDS

Objective: Select a resident in your facility and assess their activity needs by examining their physical, social, and emotional status.

Directions: Select a resident in your facility and complete the attached assessment forms. When they are completed, hand them into the instructor for critique. These assessments will be used to develop a component care plan in next activity.

ACTIVITY COORDINATOR ORIENTATION COURSE

Activity 2.7
Page 2 of 3 pages

RESIDENT ASSESSMENT

Room NumLer ______________

Name ________________________________ Preferred Name ________________________

Birthdate _____________ Hometown ______________ Occupation __________________

Religious Preference __________________________ Education ___________________

Family
    Spouse ____
    Children ____
    Visits Regularly ____
    Writes Regularly ____
    Other ____

Physician's Recommendations ____

____

____

____ Date ______________

Precautions and Disabilities Affecting Participation ________________________

____

____

____

Disability Aids (glasses, hearing aid, walker, etc.) ________________________

____

____

____

ACTIVITY COORDINATOR ORIENTATION COURSE

Activity 2.7
Page 3 of 3 pages

ACTIVITY ASSESSMENT

Name: Date of Birth: Age:

Address: Sex: Race:

Marital Status:

Former Occupation:

Has minister been notified of patient's admission?

Was patient active in church activities?

Education background:

Living arrangements prior to admission:

Reason for admission:

Problems at home which relate to patient:

Names of living children:

Names of living brothers and sisters:

Will family visit?

Will family member take patient out for visits or special occasions:

If yes, who?

Does patient read? Enjoy being read to? What type of books?

Does patient enjoy TV? Favorite programs:

Does patient write? Play musical instrument? Card games?

Does patient enjoy listening to music? What type?

Can patient crochet? Knit? Use sewing machine? Woodcraft?

Gardening? Raising flowers? Sports on TV? Favorite?

Does patient speak foreign language?

What organizations does patient belong to?

Smoking habits? (None, cigarettes, cigars, snuff)
Kind? How much daily?

ACTIVITY COORDINATOR ORIENTATION COURSE

Homework Activity 2.8

DEFINING RESIDENT PROBLEMS

Objective; Using the assessment completed in last homework activity, identify problems the resident may have based on the assessment.

Directions: Identify the problems by defining them below.

Problem List

Problem	How It Affects the Resident

Homework Activity 2.9
Page 1 of 2 pages

EVALUATING OBJECTIVES

Objective: Evaluate and revise resident objectives.

Directions: Identify from the following list the behavioral objectives which meet the following criteria:

Performance or action (what will the resident be doing)
Conditions (what conditions are given or imposed)
Criteria (How is success measured or recognized)

Mark with an "X" if it is a behavioral objective.

____ 1. The resident will understand and appreciate the importance of brushing his teeth.

____ 2. The resident will identify the color blue when presented with three different objects of different colors (red, yellow, blue) by pointing to the blue object.

____ 3. The resident will know the significance of the fire alarm.

____ 4. The resident will differentiate between his right shoe and his left shoe.

____ 5. At the end of the day, the resident will be able to construct a leather billfold.

____ 6. After reading "Station in Space" the resident will write the name of the job he thinks is most important to the operation of the space station.

____ 7. The resident will attempt 20 sit-ups in 30 seconds, with a fellow resident holding his ankles; proficiency will be at least 15.

____ 8. Given three columns of figures, the resident will add them up.

ACTIVITY COORDINATOR ORIENTATION COURSE

Activity 2.9
Page 2 of 2 pages

Directions: Below are five poorly stated objectives. Rewrite each one so that it meets the three criteria for a behavioral objective.

Three essential parts:
action or performance (what the resident will be doing)
conditions (what conditions are given)
criteria (how is success measured or recognized)

1. Lois will be on time for breakfast.

2. Dan will realize it is wrong to say obscene things to girls.

3. John will loose weight.

4. Kathy will quit sucking her thumb.

5. Laverne will wear his football helmet.

Classroom Activity 2.10

WRITING RESIDENT GOALS AND OBJECTIVES

Objective: Practice writing resident goals and objectives.

Directions: Divide the class into small groups (3-4). Assign each small group one of the situations below and ask them to define the problem and write goals for the resident in their assigned situation. Have the groups select reporters for the following class discussion. The groups can use space below to list problems and goals.

Situation 1: The resident packs their suitcase every afternoon and "waits" for the family to come and take them home.

Situation 2: The resident continuously spits on the floor beside their chair during activities.

Situation 3: The resident has Parkinson's Disease and shakes badly, and has difficulty completing tasks.

Situation 4: The resident will not talk to other residents. The resident will talk to staff when they approach them.

Situation 5: The resident talks constantly to a "non-existent" friend.

Problem	Goal

Group Discussion: Have reporters share the group goals; ask for other suggestions.

Homework Activity 2.11
Page 1 of 5 pages

THE COMPLETE CARE PLAN

Objective: Using what you know about assessment, problem identification, development of resident objectives and approaches, take one of the attached case studies and develop a care plan.

Directions: The instructor will assign one of the attached case studies or you may use the resident you assessed in previous lesson for you to practice developing care plans. Use the attached form or the form your facility uses for care plans and complete all of the items required. Hand it in for critique by your instructor.

CASE STUDY FOR OVERALL CARE PLAN #1

Background

Sally Sample, a 72 year old female admitted 8/10/90 to an Intermediate Care Facility. She sustained a fall at her home 7/31/90 and was hospitalized 10 days for open reduction of a comminuted intertrochanteric fracture of the right hip. PT began in hospital, she is able to stand and bear weight with assistance of one, and non-ambulatory at present.

Diagnoses

Primary: Intertrochanteric fracture right hip
Secondary: Diabetes, hypertension, OBS, degenerative joint disease

Medications, Diet, Treatment Orders

Tolinase 250 mg daily
Aspirin gr. X TID
Unicap 1 daily
Dyazide 1 cap daily
Dulcolax Suppository PRN
1800 Cal. ADA NAS diet
Clinitest daily 4:00 p.m. (negative day of admission)
FBS monthly (last one 8/7/90 was 194)
Remove steri strips 9/10/90
B/P and weight weekly (Thursday) (on admission BP 176/86, weight 132 lbs.)
Ambulate with walker and weight bearing as tolerated QID with assistance

Rehabilitation Potential

Excellent following rehabilitation program

Nursing Needs

- Foley catheter, continent of bowel
- Dependent on staff to assist with ADLs, feeds self
- Forgetful - disoriented to time and place
- Non-ambulatory secondary to fractured hip - transfers with assistance
- Needs PT
- Safety secondary to forgetfulness - attempts to transfer self
- Arthritic pain in knees
- Diabetes control
- Hypertension control

CASE STUDY FOR OVERALL CARE PLAN #2

Mrs. Sanka Olson, a 78 year old white female was readmitted to Folgers Care Center. She had been hospitalized for 4 weeks with a fractured left hip. She is also a diabetic.

Birthday	30-3-12	Hgb	13.5 gm/100 ml
Height	5'5"	Glucose	130 mg/100m day before admitted to nursing home
Weight	160 (consistant for 3 years)		
B.P.	130/80		

Medications and treatments - from transfer sheet signed by physician

Diet - 1500 calorie ADA Diabetic
Tolbutamide (Orinase) 250 mg. daily
MOM 30 cc HS prn
Diazepam (valium 10 mg. B.I.D.)
Bisacodyl Suppository (Dulcolax) as needed
Acetaminophen 325 mg II PRN discomfort
Foley Catheter (#18 with 5 cc Bag) may remove
Foley irrigation PRN
Up in chair
To be seen by Physical Therapist - to begin weight bearing
Clinitest daily

Mrs. Olson is a widow of 7 years, having lived alone 5 years after her husband's death. She has resided 2 years in the facility prior to her hip fracture. Mrs. Olson has four children, daughter Doris Maxwell, lives in Seaside, Conn., writes regularly and sends frequent care packages. Daughter Sarah Hills lives in town but visits irregularly. Sons Roger and Richard live in town and visit approximately monthly. Their respective wives, Glenna and Linda, each visit about twice weekly. They often bring home-prepared food. Mrs. Olson often identifies them as Doris and Sarah, the natural daughters. She is however aware of who she is and where she is.

Mrs. Olson eats all the food served, including the bedtime snack. She dislikes fish and liver (know from previous admission).

Mrs. Olson gets up in the chair for each meal. She transfers by pivoting on the right foot, with the assistance of two people. Weight bearing has not yet been initiated though the PT has been notified. She does request that the catheter be removed, but does not pull at it. The operative area on the left thigh is healed. She feeds herself, and does some ADL's--hand/face washing, combs her hair and brushes her teeth.

On the readmission notes a reddened area over the coccyx 3 cm by 3 cm was present. The skin was intact. Mrs. Olson does complain about constipation. The transfer sheet does not identify this as a problem except for the physician's orders.

From her previous admission it is known she attended Tenderleaf Tech and taught country school before her marriage. During her previous stay at Folgers she was active in "The Back Room Sitting Group" as well as the Resident Council. She participated in most scheduled activities.

Prior to her initial admission she was active in her church and women's group in which she served as secretary. She listed gardening and crocheting as hobbies.

AVERAGE HEIGHT AND WEIGHT TABLE

For Persons 65 Years of Age and Over [1]

MEN

Height in Inches	Ages 65-69	Ages 70-74	Ages 75-79	Ages 80-84	Ages 85-89	Ages 90-94
61	128-156	125-153	123-151			
62	130-158	127-155	125-153	122-148		
63	131-161	129-157	127-155	122-150	120-146	
64	134-164	131-161	129-157	124-152	122-148	
65	136-166	134-164	130-160	127-155	125-153	117-143
66	139-169	137-167	133-163	130-158	128-156	120-146
67	140-172	140-170	136-166	132-162	130-160	122-150
68	143-175	142-174	139-169	135-165	133-163	126-154
69	147-179	146-178	142-174	139-169	137-167	130-158
70	150-184	148-182	146-178	143-175	140-172	134-164
71	155-189	152-186	149-183	148-180	144-176	139-169
72	159-195	156-190	154-188	153-187	148-182	
73	164-200	160-196	158-192			
			WOMEN			
58	120-146	112-138	111-135			
59	121-147	114-140	112-136	100-122	91-121	
60	122-148	116-142	113-139	106-130	102-124	
61	123-151	118-144	115-141	109-133	104-128	
62	125-153	121-147	118-144	112-136	108-132	107-131
63	127-155	123-151	121-147	115-141	112-136	107-131
64	130-158	126-154	123-151	119-145	115-141	108-132
65	132-162	130-158	126-154	122-150	120-146	112-136
66	136-166	132-162	128-157	126-154	124-152	116-142
67	140-170	136-166	131-161	130-158	128-156	
68	143-175	140-170				
69	148-180	144-176				

1. Journal of the American Medical Association 172:658, 1970

Activity 2.11
Page 5 of 5 pages

RESIDENT CARE PLAN

DATE	PROBLEM (NEED)	GOAL	APPROACH	RESPONS. DISCIPL.	DATE OF RES. OR CHANGE

Key for Responsible Discipline:

A. Administration
D. Physician
. Nurse
Pharmacist
. Dietary

R. Resident
F. Family
SW. Social Worker
ST. Speech Therapist

OT. Occupational Therapist
AT. Activities
PT. Physical Therapist
O. Other

Resident Identification: Name________________________________ Age__________

Date of Admission____________ Physician______________________________

Activity 2.12

Objective: Using one of cases attached, develop an activity component care plan for a resident.

Directions: Select one of the following cases and develop a component care plan. Use the forms provided for the plan or the form you will be using in the facility in which you are working.

ACTIVITY COORDINATOR ORIENTATION COURSE

Classroom Activity 3.1

FACTS ON AGING: A SHORT QUIZ

Directions: Circle "T" for True or "F" for false.

T F 1. The majority of old people (past 65) are senile (i.e., defective memory, disoriented and/or demented).

T F 2. All five senses tend to decline in old age.

T F 3. Most old people have no interest in or capacity for sexual relations.

T F 4. Lung capacity tends to decline in old age.

T F 5. The majority of old people feel miserable most of the time.

T F 6. Physical strength tends to decline in old age.

T F 7. At least one-tenth of the aged are living in long-stay institutions (i.e., nursing homes, mental hospitals, homes for aged, etc.).

T F 8. Aged drivers have fewer accidents per person than drivers under 65.

T F 9. Most older workers cannot work as effectively as younger workers.

T F 10. About 80% of the aged are healthy enough to carry out their normal activities.

T F 11. Most old people are set in their ways and unable to change.

T F 12. Old people usually take longer to learn something new.

T F 13. It is almost impossible for most old people to learn new things.

T F 14. The reaction time of most old people tends to be slower than the reaction time of younger people.

T F 15. In general, most old people are pretty much alike.

T F 16. The majority of old people are seldom bored.

T F 17. The majority of old people are socially isolated and lonely.

T F 18. Older workers have fewer accidents than younger workers.

T F 19. Over 15% of the U.S. population are now 65 or over.

T F 20. Most medical practitioners tend to give low priority to the aged.

T F 21. The majority of older people have incomes below the poverty level (as defined by the Federal Government).

T F 22. The majority of old people are working or would like to have some kind of work to do (including housework and volunteer work).

T F 23. Older people tend to become more religious as they age.

T F 24. The majority of old people are seldom irritated or angry.

T F 25. The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be the same as now.

This quiz was originally printed in August 1977 issue of The Gerontologist. The complete reference is Palmore, Erdman, "Facts On Aging: A Short Quiz" Gerontologist, 1977, 17, #4, pgs 315-320.

ACTIVITY COORDINATOR ORIENTATION COURSE

Classroom Activity 3.1
KEY - TEACHER COPY

FACTS ON AGING: A SHORT QUIZ

Directions: Circle "T" for True or "F" for false.

T [✓ F] 1. The majority of old people (past 65) are senile (i.e., defective memory, disoriented and/or demented).

[✓ T] F 2. All five senses tend to decline in old age.

T [✓ F] 3. Most old people have no interest in or capacity for sexual relations.

[✓ T] F 4. Lung capacity tends to decline in old age.

T [✓ F] 5. The majority of old people feel miserable most of the time.

[✓ T] F 6. Physical strength tends to decline in old age.

T [✓ F] 7. At least one-tenth of the aged are living in long-stay institutions (i.e., nursing homes, mental hospitals, homes for aged, etc.). (Now 5.2 and 5.3%)

[✓ T] F 8. Aged drivers have fewer accidents per person than drivers under 65. (However, they cause more accidents)

T [✓ F] 9. Most older workers cannot work as effectively as younger workers.

[✓ T] F 10. About 80% of the aged are healthy enough to carry out their normal activities.

T [✓ F] 11. Most old people are set in their ways and unable to change.

[✓ T] F 12. Old people usually take longer to learn something new.

T [✓ F] 13. It is almost impossible for most old people to learn new things.

[✓ T] F 14. The reaction time of most old people tends to be slower than the reaction time of younger people.

T [✓ F] 15. In general, most old people are pretty much alike.

[✓ T] F 16. The majority of old people are seldom bored.

T [✓ F] 17. The majority of old people are socially isolated and lonely.

[✓ T] F 18. Older workers have fewer accidents than younger workers.

T [✓ F] 19. Over 15% of the U.S. population are now 65 or over. (11.2 - 11.3% more in Iowa)

[✓ T] F 20. Most medical practitioners tend to give low priority to the aged.

T [✓ F] 21. The majority of older people have incomes below the poverty level (as defined by the Federal Government). (14-15%)

[✓ T] F 22. The majority of old people are working or would like to have some kind of work to do (including housework and volunteer work).

T [✓ F] 23. Older people tend to become more religious as they age.

[✓ T] F 24. The majority of old people are seldom irritated or angry.

T [✓ F] 25. The health and socioeconomic status of older people (compared to younger people) in the year 2000 will probably be the same as now.

This quiz was originally printed in August 1977 issue of The Gerontologist. The complete reference is Palmore, Erdman, "Facts On Aging: A Short Quiz" Gerontologist, 1977, 17, #4, pgs 315-320.

ACTIVITY COORDINATOR ORIENTATION COURSE

Classroom Activity 3.2

WHAT IT FEELS LIKE TO HAVE A PHYSICAL DISABILITY

Objective: Identify some of the feelings of persons with physical disabilities.

Equipment: Gloves, scarf, wheel chair, universal cuffs, food to eat, pencil, paper

Directions for activity: Each class members is assigned a physical disability and they will be required to eat, write, go to the bathroom, dial a phone, do oral hygiene with the disability.

Arthritic Resident	Place gloves on and have scarf hold arms to the sides
Hemiplegia	Tie one arm (dominant) to the side. Should not be able to use the arm
Limited hand	Apply universal cuff
Paraplegia	Make student sit in wheel chair, do not let them use their legs
Ambulatory Limited	Make the student use a walker or can to get around.

Discussion questions following activity:

1. How did it feel to have limited use of part of the body?
2. What were the problems you encountered?
3. How did you feel about yourself when you were having difficulties?
4. How will this activity change your approach to residents with physical disabilities.

ACTIVITY COORDINATOR ORIENTATION COURSE

Classroom Activity 3.3

Objective: Identify the limitations of the resident with a hearing deficit.

Equipment Needs: Tape recorder with hearing test tape. Paper for each student to write on; have the paper divided into three sections (A-B-C).

Student Directions: Place students six to eight feet from the tape recorder. Have them use divided paper. Ask them to write the words in each column. When they have completed the activity, have them compare words. You may need to give them the words in the third column--fill, catch, thumb, heap, wise, wedge, fist, shows, bed, and juice.

Follow the activity with a discussion on how they felt when they could no longer hear the words.

Tape can be obtained from Program in Health Occupations Education, The University of Iowa, N487 Lindquist Center, Iowa City, IA 52242.

ACTIVITY COORDINATOR ORIENTATION COURSE

Classroom Activity 3.4

ATTITUDE TOWARD MENTAL RETARDATION

Please read all of the following statements, and after each statement circle:

(A) if you agree with it completely
(B) if you agree with it, but with some reservations
(C) if you disagree with it, but only slightly
(D) if you disagree with the statement strongly

1. Most mentally retarded people need to live in institutions A B C D

2. Mentally retarded people usually die while they are still young A B C D

3. The retarded person can understand normal adult speech A B C D

4. Retarded residents can enjoy serving on committees or the resident council A B C D

5. Mental retardation makes a person incapable of learning A B C D

6. Socialization between the sexes should be discouraged A B C D

7. The mentally regarded person should be expected to behave appropriately in a social situation, during trips into the community, etc. A B C D

8. Mentally retarded people are usually evaluated during early years and ranked by IQ level, age development level, etc. This tells you what level the person can accomplish during the rest of his life A B C D

9. The mentally retarded person can learn "normal" things in the usual learning steps--only slower A B C D

10. The mentally retarded adult should be treated as an adult and expected to function as an adult and not a child A B C D

11. The mentally retarded person can develop emotional and mental health problems A B C D

12. Mentally retarded persons are usually fat because of a glandular problem connected with their retardation A B C D

13. Marriage is appropriate for some mentally retarded people A B C D

14. Mentally retarded people have criminal tendencies A B C D

15. An appropriate goal for some mentally retarded people is independent living A B C D

16. Most mentally retarded persons do not look physically different than the "norm" A B C D

17. The mentally retarded person continues to learn and develop over the years A B C D

18. Mentally retarded people are always cheerful and affectionate A B C D

19. Mentally retarded people have normal sexual drives and can control them A B C D

20. If you expect a mentally retarded person to succeed, he'll probably learn faster and better A B C D

ACTIVITY COORDINATOR ORIENTATION COURSE

Classroom Activity 3.6

CHECK LIST FOR WHEEL CHAIR TRANSFER

Objective: Safely assist in transferring a resident from a wheel chair

____ 1. Wash hands.

____ 2. Get the assistance you need.

____ 3. Tell the resident what you are going to do.

____ 4. Place the wheel chair with the back of the chair at an angle, leaving room for the resident to move with their stronger side toward the chair, sofa, wheel chair to which they are being moved.

____ 5. Lock the wheels of the wheel chair.

____ 6. Fold the footrests of the wheel chair up so they are out of the way.

____ 7. Apply transfer belt.

____ 8. Before moving the resident, the two-three who are doing it will decide who is doing what and ask the resident how they will help.

____ 9. Raise the resident to a standing position by both of you locking your arms with the resident, at the count of three both lift.

____ 10. Using belt, steady the resident in the standing position.

____ 11. Assist the resident to turn so their back is to the chair into which they are being moved.

____ 12. If resident has had a stroke or injury to one side, move resident toward stronger side.

____ 13. Using belt, slowly lower the resident into the new seat.

____ 14. Make the resident comfortable. Remove transfer belt.

____ 15. Apply safety devices to protect the resident if necessary.

____ 16. Wash hands.

ACTIVITY COORDINATOR ORIENTATION COURSE

Homework Activity 4.1

Objective: Investigate the implementation of various types of activities that are provided in long term care facilities.

Each student will be assigned to give a report on one of the following activities. Select one that will soon be offered or has recently been offered in the facility in which you are working.

- Field trip
- Music Activity
- Exercise Program
- Teaching a new craft
- One-to-One Activity
- Discussion Group
- Reminiscing Group
- Party
- Resident Committee Meeting

Suggested format for the report:

1. Name of the activity.

2. Resident for whom the activity was designed.

3. The purpose of the activity. What advantages were the residents to receive from participating in the activity.

4. Describe the step by step procedure that was used in planning the activity. Include resources needed, selection of time, etc.

5. What were the problems encountered when organizing, planning the activity?

6. What was the reaction of the residents, staff, family during the activity?

7. Was the activity a success? Why or why not?

8. What changes will be made the next time the activity is offered?

ACTIVITY COORDINATOR ORIENTATION COURSE

Homework Activity 4.2

Objective: Investigate a variety of craft projects and collect directions to be used when developing crafts in the facility.

Instructions: Each student is to bring a completed craft project and a set of directions for doing the craft project so every class member will have directions. The craft projects are to be displayed and students are to review them during the break time, before or after class.

The directions should include modifications that should be made for one special handicap.

ACTIVITY COORDINATOR ORIENTATION COURSE

Classroom Activity 4.3

Objective: The learners will develop exercises for residents with limitations and report the results to the rest of the class.

Process: Divide the students into three small groups and assign them one of the following types of residents. Ask them to devise an exercise program for each group and be prepared to describe the program for the rest of the class. Have them elect a reporter to report and demonstrate the exercises for the group.

Types of Residents:

1) A physically able resident

2) A resident in a wheel chair

3) A confused resident

Notes from Discussion: